

MENTAL HYGIENE

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MENTAL HYGIENE aims to bring dependable information to every one whose interest or whose work brings him into contact with mental problems. Values of authority present original communications and reviews of important books; noteworthy articles in periodicals out of convenient reach of the general public are published; reports of surveys, special investigations, and new methods of prevention or treatment in the broad field of mental hygiene and psychopathology are presented and discussed in as noncontroversial a way as possible. It is our aim to make MENTAL HYGIENE indispensable to all thoughtful leaders. Physicians, lawyers, educators, clergymen, public officials and students of social problems will find the magazine of especial interest.

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MENTAL HYGIENE

VOL. XXVI

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MENTAL HYGIENE AND CHILDREN IN WAR TIME

INTRODUCTION

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Acting Director, Bureau of Child Guidance, Board of Education, New York City

THIS symposium is an outgrowth of a course in Mental Hygiene and Morale given by the Bureau of Child Guidance of the Board of Education of New York City to the teaching personnel of the New York City public schools and sponsored by the Committee on Civilian Defense of the Board of Education.

The original papers were developed as background material for these lectures, rather than as complete presentations in themselves. Later, this material was used in lectures for parents. Condensation and editing, including elimination of overlapping, have been necessary for group presentation. These changes may have done injustices to the authors of the papers. Both the original papers and those presented in this symposium represent the point of view of the Bureau of Child Guidance.

The following members of the staff constituted the editorial committee for the original series of six papers:

Viola W. Bernard, M.D.
Eugene C. Ciccarelli, M.D.
Morris Krugman, Ph.D.
Shirley Leonard
Katherine S. Meyer
S. Harcourt Peppard, M.D.

The eleven papers in this symposium were edited by a committee consisting of

Eugene C. Ciccarelli, M.D.
Morris Krugman, Ph.D.
Luther E. Woodward, Ph.D.
S. Harecourt Peppard, M.D.

It is hoped that these papers will be of value not only to teachers, but to all who are interested in the welfare of children in war time.

SOME PSYCHOLOGICAL AND PSYCHIATRIC PRACTICES IN WAR COUNTRIES

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THE present war has been called a "total war," and a "war of nerves." The implication of these terms plainly is that this war is not limited to soldiers, but includes entire nations, old and young, men, women, and children. Probably for the first time in history, the entire population of every warring nation is actively engaged in the war effort. This effort is sometimes offensive, more often defensive, and frequently both. Because of mechanized warfare, the production of implements of war has become as important as fighting on the battle front. Fighting is no longer limited to any front; fighting can, and often does, reach the home front, and any part of the home land may at any time be attacked by the enemy. The civilian population, therefore, has become an important part of the country's fighting strength.

This war, moreover, differs from others in another important respect. Psychology has been discovered as a deadly war implement. Military psychology has been developed to a point where it is considered as important as actual warfare—in some cases more important. According to a recent report, "to exploit all energies within the state and to accelerate the break with Germany's democratic past, the Nazis regarded psychology as their most effective weapon." Without it, Czechoslovakia, Austria, and even France could not have been overrun as easily as they were. Psychology is used to soften up the enemy, to confuse, to frighten, to destroy the will to

fight, to create doubt and worry, to pervert the truth, to disrupt national unity, to cast doubt upon and to discredit patriotic leaders and to support traitors for positions of leadership, and in many other ways to make the opposing nation ripe for conquest, sometimes even without actual fighting. It is as ruthless a method of warfare as bombing by air, or poison gas, but being more subtle, it is not generally recognized as such.

On the other hand, the reverse is done at home, and with one's own army. The very same psychological devices that were used to confound and weaken the other nation are employed to strengthen and solidify one's own. The fortunate aspect of this type of warfare for our country is that it is a game that two can play at. Just as planes must be fought with planes, and tanks with tanks, so psychological methods must be fought with similar, and perhaps improved, techniques. From all available reports, this country is now doing its utmost in this branch of warfare, as well as in all others.

Psychological warfare is not entirely a new development in this war. In the last war the United States was a pioneer in the use of psychiatrists and psychologists. At that time, however, major emphasis was placed upon more adequate methods of selection of men as officers and for specialized occupations in the army. Several European countries have adapted the United States procedures of the last war and have gone much further in the use of psychological warfare. Germany, especially, has applied psychological and psychiatric practices to the management of morale at home, to spreading propaganda abroad, to modification of its army organization, to actual warfare for more efficient fighting, to the handling and better management of army personnel, and to its various youth movements. England and, on this continent, Canada have developed the psychological selection of army personnel to a high degree of success. England has utilized psychological procedures in another important area, that of the handling of children under war conditions, including bombing, evacuation, and so on. This discussion will deal mainly with the use made of psychological and psychiatric procedures in Germany and England.

We will consider Germany first, not because we admire her

practices or wish to imitate them, but because it is imperative that we understand how she operates. As in nearly every other branch of military science, Germany has been efficient in the use of the methods of psychological warfare. Her ultimate goal, for years before the war, was total war, and her basic weapon was education. To prepare for "total war," she developed "total education." This consisted of the complete perversion of everything that modern educators consider important.

From the day of his birth, the child has it forcibly impressed upon him that the only thing that matters is the State; that the individual has no life of his own; that his greatest glory is to die for the State; and that blind obedience is the only virtue. With this as a starting point, and implemented by force, the rest is easy. Truth and fact are kept from him, and his vision is so limited that he becomes a monstrosity as a human being, but an excellent soldier under certain conditions. For Nazi purposes, this is what they desire, but from the point of view of world interest, as well as from the point of view of the German nation itself, the consequences are, and for a long time will be, catastrophic. To quote from some of the Nazi leaders, "The most noble task of military psychology is the indoctrination of the German people with the traditional soldierly virtues," and, again, "The driving motive of the Hitler youth is to produce a new type of militant young German and to make one militarized corporate body of the whole nation." Thus, in contrast with democratic ideals of education for a richer life for each individual, Nazi "total education" has only one aim—"total war."

To achieve "total education," Germany has mobilized the psychological profession and compelled it to develop a new brand of pseudo-psychology, which, in turn, has been coördinated with education for the sole purpose of promoting Nazism. The bulk of psychology is forbidden, while those parts of the field that suit the Nazi purposes are exaggerated. New theories are invented if necessary, basis in fact not being considered important. On the other hand, even anti-Nazi principles are applied secretly by the Nazi party itself if found useful, at the same time that the adherents of these

principles are in concentration camps or are being shot by firing squads. This is especially true of the psychological general staff, which works closely with the German general military staff. That group, for example, is known to have a division of Freudian psychology, because they find it useful in dealing with army personnel. At the same time, books dealing with Freudian psychology are burned in public bonfires and adherents to that school of psychology are severely dealt with.

Although military psychology was recognized as an important field in Germany before the rise of the Nazis, the latter developed it to a high state of perfection. More than two hundred military psychologists were known to be functioning in the German army before the Nazis embarked upon world conquest, and there is reason to believe that many more were later added. One of the objectives of this group was the selection, by psychological tests and other procedures, of army officers and various specialists. Aptitude tests are widely used for aviators, tank drivers, and other specialized personnel, and methods of estimating personality have been developed, although the major requirement is loyalty to the Nazi cause. Other branches of military psychology are even more important from the Nazi point of view. The promotion of army morale and of civilian morale, propaganda at home and in other countries, the discovery of the characteristics and the weaknesses of other nations, the psychology of combat, and the psychology of panic are some of these branches.

In addition to professional psychologists, Germany employs numerous others for psychological war purposes. According to a recent survey of German psychological warfare by the Committee for National Morale, "the agents of German psychological warfare may be divided into categories of trouble-seekers and trouble-makers." The trouble-seekers are the psychological intelligence service, whose function it is to discover weaknesses in other nations and to inform the German Government about them, while the trouble-makers are the active sabotage agents who foment disruption among other nations. Both these groups are well organized and highly effective. They constitute the fifth-column groups

throughout the world. Until very recently, when gradually uncovered by the F.B.I., they were extremely active even in this country.

The Report of the Committee for National Morale defines German psychological warfare, from their own writings, as "an offensive war waged with intellectual and emotional weapons to destroy the power of morale resistance in the enemy's army and civilian population and to diminish enemy prestige in the eyes of the neutrals." It further quotes a German writer: "Applied psychology as a weapon of war means propaganda intended to influence the mental attitudes of nations toward war. It is essential to attack the enemy nation in its weak spots, to undermine and break down its resistance, and to convince it that it is being deceived, misled, and brought to destruction by its own government. Thus the people will lose confidence in the justice of its cause so that the political opposition in those nations will raise its head and become a more powerful trouble-maker. The enemy nation's originally solid, powerful, and well-knit fabric must be gradually disintegrated, broken down, rotted, so that it falls apart like a fungus treaded upon in a forest." This, then, is the function of German psychological warfare.

One strange aspect of German military psychology is its handling of personnel problems in the army. Here the Nazis have been convinced by their psychologists that the cruelty, barbarism, and inhuman treatment to which they subject Germans and others outside the Nazi party does not work. Depending upon force for their existence, they have learned that they must nurse the instrument of force, the army, first by thorough, clever indoctrination, and then by keeping it loyal not by force, but by good will. They have, therefore, developed a code for handling the soldier that is strangely parallel to the principles of mental hygiene that teachers in enlightened countries have found effective in the handling of children in the classroom. In many cases, if "teacher" be substituted for "officer," "child" for "soldier," and "school" for "army," the result would be a set of sound mental-hygiene principles of education.

For example, their first attempt to whip the soldier into shape consisted of brutality, punishment, undue criticism,

ridicule, and other rough treatment. They soon found this was not effective, and they began to study individual soldiers and to treat them in accordance with their personalities. They found that soldiers responded better when military life was made attractive; when encouragement was given; when assistance was substituted for punishment; when good examples were available for them to follow. Except in cases where the soldier is considered disloyal to the Nazi cause, punishment and prohibitions are avoided and an "honor" system is substituted, good care being taken all the time, of course, that opposition does not develop.

Problems of men in the army are handled by psychologists. Depressions, which are common, are carefully handled by supplying suitable companionships. Men living in the same barracks are properly grouped. Monotony is counterbalanced by interesting activity. Group spirit is constantly played up. New men are kept active and cheerful. Officers are required to be informal with their men, in contrast to the old Prussian concept of officer-men relationships. Officers must cultivate their men personally and individually, and are judged by their success in getting themselves liked and accepted by their men. An officer must never expose his soldiers to ridicule. An individual soldier must never be scolded before the whole company. The officer must discover the good qualities of even poor soldiers. He is expected to congratulate his soldiers on their birthdays, a clerk being assigned to furnish the date. An officer must never make a soldier responsible for his own mistakes. He must never censure the whole company for the mistakes of individual soldiers. At conferences, he is expected to ask his men to sit down and to offer them cigarettes to loosen any stiff atmosphere. Such problems as homesickness are handled, with new men, by frequent furloughs. More serious problems, such as suicidal tendencies, are dealt with by psychiatrists and psychologists, to determine causes, and not by punishment.

These are only a few examples of the manner in which German army men are handled. Certainly, the Nazis are not sentimental. No humane motives prompt them in their dealings with the army personnel. They first attempted their usual brutal methods, with very poor results. They finally

called upon psychologists and psychiatrists to solve their problems by handling human beings from whom they were obliged to obtain complete loyalty, and the solution consisted of the application of mental-hygiene principles. The Nazis do not boast about this; they are rather ashamed of it. They use these methods only because they produce the desired results.

Proceeding now to another aspect of psychological and psychiatric work, work of an entirely different character, we will examine briefly some of the British experience with children during the war. We can only touch upon this in a general way, since the subject will be considered in greater detail in later discussions in this series.

England has learned a great deal about the handling of children under war conditions during the past two years. We all hope that we will not, in this country, have the experience England did. However, even if the chances are one in a thousand that war conditions will prevail here, we must be ready for them so that suffering may be minimized. In this connection there is another consideration. Just as we can learn a great deal from the mentally disturbed that can be applied to the normal, especially in the way of prevention, so we can learn much about the handling of children in peace time from experience gained during the trying times of war.

The experience of London is probably more significant to New York City than is that of the rest of England. Shortly before England went to war, approximately a million school children were evacuated from London. This was done fairly well, considering the circumstances and the lack of experience, but many of them soon returned to London because they had not been adequately prepared for the separation from their parents, because the parents themselves had not been prepared psychologically, and because not enough trained staff were available to make the placements on a sound individual basis. Among these placements, many problems arose, other problems were aggravated, and more than half of the children returned to London. The authorities then began placement on a better social and psychological basis, with trained personnel, with the result that placement was much more satisfactory, problems and maladjustments

were considerably reduced, and the children tended to stay in the foster homes.

In evacuation procedures, as well as in other situations in which children were cared for, England was at first compelled to experiment. At the outset many mistakes were made, but gradually sound procedures were worked out. The terrible bombing of London, after a long period of war without bombing, created extremely difficult problems. Since the general public, as well as the authorities, had had no previous experience in that type of situation, and since it was impossible to foresee the consequences of such an emergency, many unfortunate things happened that were later avoided in England, and that can be even more easily avoided here. Some children ran wild. Many others were inadequately cared for by neighbors. Shelters were not healthy, and, from many angles, were actually unwholesome for children. This happened in spite of excellent plans and provisions in most parts of England. Even rural areas had good provisions in the way of health and feeding centers, and the large urban centers were even better, but the problem turned out to be much greater than was at first anticipated, and it took some time, under war conditions, to arrive at practical solutions.

One of the concerns of parents, teachers, and others interested in the welfare of children is the mental health of the children in bombed areas, and of evacuated children. Numerous reports of conditions in England are available, and some of them are contradictory in their interpretations. There are many respects, however, in which they agree. All agree that the needs of children under war conditions are fundamentally not different from those in peace time. In addition to the basic needs of food, shelter, clothing, and medical attention, all children require security, both physical and emotional, especially the latter.

Adjustment to the placement situation, when they were placed, depended upon this. Problems were much more frequent among children haphazardly placed than among those whose placement included consideration of emotional needs. For example, one of the most commonly occurring problems, constituting almost one-third of the problem cases, was enuresis. This was found to be reduced to much smaller pro-

portions when the children were placed in foster homes in which their emotional needs were satisfied.

Similar success was encountered with other personality and behavior problems when the accepted psychiatric or psychological approach was employed. The authorities in England are now convinced that, in order to prevent serious problems from arising in children, and in order to solve them when they do arise, individual child study is essential. When the child's individual needs are known and when they are, in some measure at least, met, his adjustment is facilitated even if he is removed from his parents and from his accustomed surroundings.

The constant cry in England, by workers with children and by teachers, was for more child guidance, more social workers, more psychologists and psychiatrists. Where trained workers in these fields were not available—and there never were enough—interested and qualified people were given modified, short training courses in the use of mental-hygiene procedures, because these seemed to produce the desired results.

In the placing of children away from home, much was learned that is useful in normal situations. Problem children who had been in institutions, for example, when placed in selected foster homes, improved remarkably, so that many English social workers believe that after the war children's institutions will undergo a complete reevaluation in England. Another outcome of the mass placement of children in England that has important implications here is a survey of potential foster homes, systematically conducted, which enables workers to evaluate these homes in relation to the needs of individual children. This type of placement, based on the child's emotional as well as physical needs, and on the ability of the home to meet these needs, has done much to reduce the number of problem children.

For the most part, children under five were not separated from their mothers in England. Whenever possible, mothers of young children were evacuated with their children. When evacuation of mother and child was not possible or necessary, or when the mother was engaged, one way or another, in the war effort, day nurseries and nursery schools were estab-

lished. These were found to be highly successful, and here, too, many of the practices that developed can be adapted with profit in this country.

Whenever a severe social dislocation occurs on a large scale, there is danger of an increase in juvenile delinquency. The situation in England after the large-scale bombing has important implications for us in this country. At first, the increase in juvenile delinquency was great, especially among children under fourteen. There was a small increase at ages fourteen to twenty-one. The older the group, the less the increase. For groups over twenty-one, there was actually a decrease, as compared with peace time. In other words, the younger children, suddenly broken loose from their roots, and not yet sufficiently mature to stand on their own feet, broke out in various forms of antisocial behavior, while the older ones, realizing the gravity of the situation, were able to adjust more readily.

The British attribute the initial increase in delinquency to such causes as the closing of schools, noncompulsory evacuation, inadequate foster-home placement, differences in customs and habits of living occasioned by sudden changes of homes, hankering for adventure, and lack of parental control. The type of delinquency most common among boys was associated with looting, especially in industrial centers, while one of the most serious problems among girls was sex delinquency.

After some time England took steps to deal with juvenile delinquency and made great strides in bringing about a marked decrease. At first inexperienced welfare workers were used, and they failed to effect improvement. With the introduction of trained welfare workers, with the development of the youth movement, with the establishment of recreation centers in concentrated areas and the provision of adequate recreational activities elsewhere, looting, sex delinquency, and other antisocial behavior were greatly reduced.

While this country may not have to undergo the tremendous dislocations that England did, marked changes in our living habits are certain. Fathers will leave home for the armed forces and for industrial defense work; mothers may likewise be engaged in various types of work that will take them out of the home much of the time; and many other types of disloca-

tions are possible. In order to safeguard children and to avoid the consequence of delinquency, much planning and preparation are essential, especially in terms of nursery schools, recreation centers, planned recreational activities, and the like. A little foresight now will avoid much suffering later.

Another important lesson learned from the British experience was that the children who are known to have been problems during normal times are the first to become problem children under stress. These children require much more careful handling than do the large mass of children if their problems are not to be exaggerated. Most children seem to be rather resilient and tough-fibered. Much of the mental illness anticipated in England as a result of bombing has not materialized, although children undoubtedly suffered emotionally as well as physically. Children's workers in England estimated that somewhere between 10 and 15 per cent of placed children could be called problem children. This incidence is not much greater than that of normal times. There is considerable difference of opinion among psychiatrists both in England and in this country as to whether more mental and emotional disturbances will appear after a longer lapse of time. At present, no one knows the answer to this question.

Educators in this country, especially those in New York City, are interested in one aspect of the evacuation of school children in London just prior to the outbreak of the war. When the million school children were removed from London and, in several days, placed in homes that were relatively safe, the schools of London were closed. This is now considered to have been a serious mistake, since more than half of the evacuated children returned to London in several months and no schooling was available for them. Later, of course, under severe bombing, the children had to be evacuated once more, although a considerable number of them still remained in London. British educators seem to be agreed that when children are at home, schools should be open, all reasonable precautions being taken for their safety. It took London a long time to make school buildings sufficiently safe for children and to resume compulsory education, which had been discarded. Whether in evacuated areas or in placement

areas, it was found essential to provide adequate schooling for all children.

One of the revelations of the British experience was that child guidance was even more important in war than in peace time. A recent official report in this country of defense measures for children in England¹ summarizes the need for child guidance in England as follows:

"Never has there been a situation where child-guidance workers were needed more than the present one in England. The number of workers available for service in the reception area is far too small to meet the need, even though a large part of the workers from evacuation areas are lent to the provincial authorities, as indeed is happening at present. The situation in any city under bombing or in constant danger of bombing is creating many emotional disturbances among children who remain there and also among children who have been removed. Anxiety expressing itself in many ways is the outstanding condition that must be met.

"It is now realized that a child-guidance clinic with a full team of workers—psychiatrist, psychiatric social worker, and psychologist—is needed in each thickly populated reception area, as well as in each city under bombing, if children still remain there. In some cases where a full team has not been possible, a single worker has been assigned to an area to advise the local authorities and volunteer workers on selected cases. Such single workers have obtained occasional consultation from psychiatrists. Additional workers are greatly needed. The pre-war provision was not sufficient even for peace time."

It is obvious from this, and from other reports both in England and in this country, that children have the same basic needs in war time as in peace time, and that the same educational procedures, as well as the same child-guidance and mental-hygiene practices, used in peace time, modified for special situations, are applicable in times of great stress. The main difference is that during times of stress they are more widely and urgently needed.

At the present time, psychology, psychiatry, social work, child guidance, and mental hygiene are much further developed in this country than anywhere else. With the country rapidly going on a war basis, these disciplines are being adapted to the present situation. In the armed forces, for example, selection for specialized units, such as aviation, is now being made by extremely effective psychological and

¹ *Civil Defense Measures for the Protection of Children; Report of Observations in Great Britain, February, 1941*, by Martha M. Eliot, M.D. (Children's Bureau Publication No. 279.) Washington: Government Printing Office, 1942.

psychiatric procedures. With respect to all personnel in the fighting forces, procedures are being worked out to prevent the large number of complete emotional breakdowns that occurred during and after the last war, causing untold suffering among the soldiers and their families, and involving millions of dollars of expense for the government in caring for them in mental hospitals. This country is firmly determined that this condition of the last war shall be reduced to a minimum this time.

X There is another large group of individuals who are not as ill mentally as those just mentioned, and who can also frequently be weeded out before entering the service—that is, the neurotics. In the last war, figures show that 50 per cent of the latter broke down within a month of induction, and 85 per cent of them were detected within six months. The magnitude and importance of the problem can be seen from the fact that, in spite of this weeding-out process, 33,000 men suffered from neurotic breakdowns in the American Expeditionary Force during an eighteen-month period in 1918–1919. Another idea of the magnitude of the problem can be gained from the fact that each man hospitalized because of mental illness since the last war has cost the government \$30,000. More than a billion dollars has been spent for this item only. Even those who are not sick enough mentally to require hospitalization are costly; during the year 1940, for example, compensation for 54,000 neurotic veterans cost the country thirty million dollars.

These figures, huge as they are, are by no means the most important factors. Even loss in productive capacity, which is many times these figures, does not tell the whole story. Far more serious is the suffering of these veterans and of their families. That suffering cannot be reckoned in any known units such as dollars or days. That suffering, in so many families, cannot even be imagined. And yet much of it can be prevented or avoided. Proper selection of men in the armed forces can prevent much of it.

The other aspects of war psychology previously mentioned in connection with other countries are also engaging the serious attention of authorities here, especially that of propaganda and morale. We in the school system—teachers,

administrators, guidance workers, and others—are, of course, especially interested in the welfare of children, both physical and emotional, during the present emergency. In this area, also, much is being done by many groups, and it is our purpose in this short course of lectures to present the point of view of child guidance and mental hygiene with respect to some of the major areas involving children in a war situation.

In times of great stress, children become the innocent victims. Every one sees the need for keeping children physically safe and for providing them with adequate physical comforts. Even if adults must lower their standard of living and forego many luxuries and comforts, they will not, if they can possibly help it, reduce such things as adequate food allotments for children or lower health standards. In times of stress, however, adults are apt to be preoccupied with many problems, and there is danger of depriving children in another sphere, which is almost as important for their well-being—that of their mental health. Without intending to do so, and without their realizing it, adults sometimes transmit their worries, their fears, their doubts, and their anxieties, to the children about them. Parents and teachers must consciously strive to avoid doing that. It is not easy. It is especially difficult for teachers, but it is extremely important for them to make every effort to influence children's emotional states for the better, since they are in contact with so many children at one time.

We, in the Bureau of Child Guidance, know that this is no small order, but we also know how important it is both for the war effort and for the peace that will follow—soon, we hope. At least as important as physical health is mental health, and the mental health of the nation a few years hence will be no better than the mental health of the children in school to-day. There is no part of the war effort that is more important than the safeguarding of the mental and physical health of the children, and much of that responsibility rests with teachers. Teachers, being the specialists that they are in working with children, can serve no better than in this important work.

The British have learned this lesson well, and the Nazis even better, but the Nazis have been and are building superb

physical specimens among their children, while at the same time warping their innocent minds by an inhuman totalitarian system of education and an antisocial outlook. They know the power of education and they utilize it for their perverted ends.

In this country we have taken education more or less for granted. Only now are we beginning to realize its tremendous power to shape human beings. The type of human being we, in this country, are attempting to produce, is, of course, vastly different from that of totalitarian countries. We feel certain there is no need to elaborate on this.

Likewise, the type of morale we are anxious to see in this country is radically different from the totalitarian variety. Here, again, educators are apt to underestimate their influence. The relationship between education and morale is a very close one. Morale building is an essential aspect of education. Class spirit, school spirit, loyalty, patriotism, and love of democracy are the outcomes of good education, and are the ingredients of good morale. Just as the school is the instrument for education, so is it one of the important instruments for national morale building. Teachers sometimes forget the importance of their work in the national war effort, and tend to underestimate the importance of their contribution.

DETECTION AND MANAGEMENT OF EMOTIONAL DISORDERS IN CHILDREN

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THE emotional well-being of children is increasingly recognized, in these days, as of vital public importance. Emotional health, both individual and collective, is essential not only to morale, but to successful weathering of the multiple demands, changes, and stresses, of war conditions. Conversely, emotional disturbances appear more frequently in such times of stress, and constitute a greater community liability by their demoralizing influence, as well as by the deflection of a substantial proportion of personnel and facili-

ties to their care from other pressing needs of the war effort. Hence the urgent need to deal with these emotional disturbances as quickly and effectively as possible.

We know that the nervous, unstable, and "difficult" child presents a constant problem in our schools. In war time we are confronted with this familiar burden of emotional maladjustment magnified to more threatening proportions and characterized by certain special features which we shall discuss presently. Thus, while in peace time Johnny's unaccountable wild crying spells disrupted the classroom, and required investigation of underlying causes and special individualized treatment, such outbursts in the midst of an air-raid drill might through contagion set off panic in the group, while the teacher's added duties and responsibilities to the entire class might preclude her giving a disproportionate share of attention to Johnny.

Early detection and prompt handling of emotional disorders among school children has at least a threefold value—to the individual disturbed child, to the other children in the class, and to the teacher.

The individual child may be spared the development of an emotional disorder, if the first signs of trouble are recognized early enough and appropriate preventive measures are undertaken. Acute upsets respond much better to treatment, if promptly dealt with, than if allowed to become chronic.

Again, certain acute emotional reactions, such as panic, can spread to a whole group, so that, in the language of public health, an epidemic may be controlled or avoided by proper management of the source of spread. Thus, by forestalling an unstable reaction in the most susceptible member of the class, the morale of the class and that of the entire group may be preserved.

The teacher also can benefit from early detection of emotional difficulties, for she is then in a position to call on clinical assistance for treatment of those children who do not respond favorably to the procedures she finds successful with the majority of the class. While it is desirable to individualize all the children as far as practicable, the teacher can better budget her time through distinguishing incipient and mild emotional disorders, which she may hope to clear up by

classroom techniques and individual handling, from the more severe disturbances that require special clinical treatment. Wise reference of the latter to the right sources for proper help is of prime importance.

On what body of experience can we draw in approaching this whole problem of children's maladjustment in war time? We have four main sources:

1. Our experience in the last war. Both in this country and abroad the emotional ravages of 1914-1918 have been studied in the many cases of breakdown in adults who were children at that time. We have thereby learned a good deal about the factors that lead to such long-term disastrous emotional consequences, and thus we have gained clues for their prevention.

x 2. Reports from other countries of their experiences during this war, notably Britain, Spain, Germany, and Finland. Much has been written on this whole problem in the warring countries, especially Great Britain. The bulk of such reports on children's emotional disturbances, however, are in connection with evacuation or exposure to bombing. While these accounts are extremely valuable, caution is urged against a tendency to apply the British experience to our own problems too closely, without sufficient allowance for differences. The anxieties, tensions, and problems that confront our school children are as yet not those of immediate bombing or evacuation, despite the obvious need for recognizing that these may become realities at any time and, accordingly, must be planned for.

3. Child-guidance experience during peace time. Certainly our knowledge of mental hygiene, as developed in peace time, offers us a basic understanding with which to approach the added and special conditions now upon us. Almost by definition, a problem child is always responding to a state of personal crisis under essentially the same type of emotional regulation that determines a "problem" response to a national crisis.

4. Our own experiences since December 7. The past weeks have afforded us the opportunity to observe a preliminary sampling of the problem. Some children, previously known to the schools as unstable, have caused difficulties in the air-

raid drills. Others, likewise known as emotionally unstable, have defied expectations and risen splendidly to the emergency. On the other hand, certain children, not before considered maladjusted in any way, have displayed their first evidences of emotional disturbance. As we proceed in this discussion, we shall utilize this fourfold frame of reference as a composite reservoir of experience.

What do we mean by "*emotional disorders*"? Obviously, an understanding of their nature is a prerequisite to effective diagnosis and management of these conditions. Most prominent in the popular thinking on this subject nowadays are the various forms of fear reactions, from the extreme of panic, on the one hand, to a vague uneasiness and overpropensity to "get rattled," on the other. While fears or anxieties of some kind are probably at the root of all emotional disorders, it would be a great mistake to differentiate between stable and unstable children on the basis of the presence or absence of a subjective sense of fear. Thus a child may be having terrifying dreams in which a recent frightening experience is reenacted nightly, but, on questioning, he might quite honestly disclaim any awareness of feeling afraid. We have learned, however, to recognize such nightmares as a symptom of the child's reaction to a frightening situation.

Emotional disturbances reveal themselves through a vast array of widely differing symptoms. In general medicine we have learned about the relationship of symptoms to causes; this relationship parallels that in the emotional realm. Thus, we distinguish symptoms from the diseases that give rise to them, emphasizing treatment of the underlying causes rather than their symptomatic consequences. We know that the same symptom requires totally different treatments, depending on the particular diseases in which it occurs. Thus, while sore throat is a complaint common to diphtheria and to tonsillitis, we treat it in the first instance by antitoxin and in the second by tonsillectomy.

Children's emotional disorders reveal a manifold symptomatology. This is not the place for a complete enumeration of them, but a sampling is given to demonstrate the variety of children's difficulties that may occur on an emotional basis and that are not as yet widely enough recognized as possible

emotional problems by otherwise well-informed people. A well-known child-guidance clinic in London reports on the types of symptom displayed by 420 children in response to war strain. These included children who had been exposed to bombing or who had been separated from their parents by evacuation.

The largest group showed psychosomatic symptoms—that is, bodily symptoms with an emotional basis. These included bed-wetting, soiling, hysterical vomiting, sleep-walking, fits and tics (like habitual grimacing, blinking, and shrugging, and so on). Another large group showed other neurotic reactions, such as anxiety states, depressions, hysteria, and the like. Many other children reacted to the same set of stresses and strains by symptoms in the form of behavior problems and juvenile delinquency, such as truancy, stealing, destructiveness, noisy and aggressive behavior, and running away. Still others showed learning difficulties unrelated to intellectual limitations; inability to concentrate was frequent. Unhealthy personality traits, such as seclusiveness, irritability, oversubmissiveness, and defiance developed.

A similar list of symptoms could have come from the files of any child-guidance clinic in this country. Casual inspection of the symptoms that bring about the reference of children to such a clinic reveals carsickness, fears of kidnaping, hypochondriacal complaints, excessive daydreaming, and stammering. Often these symptoms are interchangeable in a given child. Thus, if the underlying emotional cause is not relieved, one symptom may disappear, only to have another equally troublesome one take its place.

What are some of the emotional causes for such symptoms which disguise the true problem? We speak of a feeling of insecurity in the child—that is, a frightened sense of his own helplessness in facing the dangers that seem to be threatening him. By this definition we recognize two variables that determine the insecurity feelings: the individual's weakness or strength, on the one hand, and the magnitude of the danger confronting him, on the other. Fear, or a feeling of insecurity, depends on the relative proportions of these two elements. A boxer would laugh at a blow that would seriously hurt a small boy, and the same boxer would quail before Joe

Louis. With sufficient ammunition, a soldier feels confident of his own power against an attacking force. In the face of an enemy's overwhelming numerical advantage, however, his own resources seem insufficient and he is afraid.

In the nature of things, children normally are relatively helpless, for they actually do lack the strength and the resources for adequate survival without adult support. The degree of this helplessness is variable, of course, depending on the age of the child. In this sense children resemble the boxer and the soldier just mentioned whose insecurity feelings arose when the threat realistically exceeded their ability to meet it.

Fear, however, is a subjective feeling or emotion. An individual's self-estimate of his own strength and that of an opposing force may or may not be objectively accurate. The elephant bound by a silk string feels himself chained only because he utterly underestimates his actual might. In emotional disorders, the individual is apt to exaggerate greatly the actual danger or to imagine nonexistent dangers and, like the elephant, to be unaware of his own strength and resources, thus developing a mistaken conception of himself as totally helpless and defenseless (as in the case of the husky, overgrown adolescent who is terrified of his diminutive mother's cuffing him).

An emotionally insecure child feels himself helpless against overwhelming odds. This feeling may be purely imaginary or realistically justified, and the feared danger may be existent or nonexistent. In both instances the immediate reaction is one of reaching out for help, either directly or indirectly. Many of the indirect reactions, as we have indicated, appear in disguised form as symptoms. Such symptoms are the child's attempts to cope with emotionally painful situations.

The child's early years are crucial to his personality development. It has been said that the home furnishes the roots of the child's morale or mental health, and that his feeling of security is based on the home, where he has a sense of belonging and whither he can retreat in times of stress. Certainly, a feeling of emotional insecurity or chronic anxiety is augmented by inferiority feelings, inadequacy feelings, and, above all by a lack of the feeling of being loved by the

parents, which increases the child's sense of vulnerability in a hostile world. In other words, he lacks inner self-confidence and his basic approach to life is "I can't," instead of the confident "I can" of the emotionally secure individual.

While the anxious child may show fears directly—such as fear of the dark, fear of death, fear of kidnaping and, nowadays, fear of being bombed—the fear is even more frequently expressed indirectly via some of the symptoms we have mentioned. For instance, one boy may cover up his sense of feeling unloved by his mother with bravado, and may bully younger children in order to gain a sense of his own power to offset his buried fear. Another, with a similar sense of maternal deprivation, may develop ingratiating behavior to win approval and acceptance from others as a substitute for the missing parental affection.

Many children, with milder degrees of emotional insecurity, or with better adaptive devices to cope with it, seem to adjust well, and develop symptoms only under stresses and strains that augment their latent anxieties. A frequent example is seen in an apparently well-adjusted child when a baby brother or sister is born. Feeling himself loved less by the parents because of their love for the new baby, he may feel less protected and, therefore, insecure. One typical set of symptoms in such a situation may be the development of babyish behavior, like thumb-sucking, bed-wetting, and demanding the mother's attention constantly.

It should be understood, however, that while certain types of behavior or traits may constitute evidence of emotional disturbance in some individuals, this does not imply that emotional disorder is the only condition that can give rise to that particular symptom. The important thing, on noting the symptom, is to investigate its cause, keeping the emotional basis in mind as one of the possibilities.

For example, a teacher may observe that a certain little girl has recently been acting unduly "lazy," and may refer her for this to the child-guidance clinic, where physical examination reveals incipient tuberculosis. On the other hand, the observed fatigue may be due to malnutrition resulting from insufficient or improper food or from insufficient sleep. In these instances the symptom is not due to emotional causes.

One might find, however, that the child's lassitude reflected a state of emotional apathy resulting from frustrations and repeated failures to measure up to the too-adult demands made upon her, and that her apparent indifference has really been a fear of another failure and an unwillingness to try again. By retreating thus from activities that normally give a sense of satisfaction and achievement, she sets up a vicious cycle that may lead to a progressively serious emotional disturbance. If, however, the problem is caught at its inception, and the teacher encourages the girl in tasks well within her capacity, so that repeated successes take the place of repeated failures, her self-confidence may gradually be restored.

We see, therefore, that an emotional disorder may be expressed through different symptoms, and that similar symptoms may be caused by widely differing disturbances, one of which may be emotional. While the teacher cannot be expected to have the time or the clinical background for such detailed diagnostic investigation, she can be aware of the possibilities and, when necessary, can call on the available clinical and welfare agencies within the educational system and in the community.

It is generally agreed that children already recognized as unstable will constitute the majority of problem pupils in the schools. One measure for the detection of potential disorders would, therefore, be to check the files of the various bureaus, clinics, social agencies, and children's courts that deal with problem children. British workers feel that had they done this, many emotional casualties among children could have been avoided or minimized by earlier detection and more individualized handling in evacuation, billeting, and so on.

A similar procedure would seem advisable in this country, but only if certain inherent dangers are avoided at the outset. (Naturally, the actual task of such indexing would fall to some central social agency; the results, however, could be useful to the schools.) The purpose would be to detect in advance children who may need extra help through difficult times. Unless inspired by an attitude of assistance to troubled children, this procedure might be misused to stigmatize them, and might provoke more emotional difficulties than it was

designed to allay. Abuse of such a file of possible problem children to stigmatize them would be not only unethical, but possibly inaccurate, since children who have sought assistance at such agencies have often been helped to a completely satisfactory adjustment, and in many cases will probably withstand stress quite adequately. We must remember, too, that there are some unstable children who may be expected to adjust better in a crisis than they can in everyday life.

The school's cumulative pupil records can likewise be very helpful in this matter of advance detection of problem and unstable children. Improper grade placement may often give a clue to otherwise undetected mental retardation or emotional disturbance. Teachers in England frequently enlisted the extra aid of psychometric testing, since they found it increasingly difficult to distinguish, by classroom observation alone, between learning difficulties based on intellectual limitations and those due to emotional reactions. Many instances of school maladjustment could be detected and corrected by the findings of these tests.

Careful observation of pupils' behavior during air-raid and fire drills may furnish a helpful device for detecting emotional susceptibilities which remain more or less masked in the routine classroom situation. Many such observations were made, particularly at the outset of our air-raid drills, when many believed that an actual raid was in progress. Symptoms provoked in those test situations furnish valuable data on which to base individual treatment procedures.

A useful working rule for early detection of emotional disorders is to note sudden changes in a child. Any such change—whether in behavior, learning, personal appearance, personality, or habits—warrants prompt investigation. A bright student begins to fail in several subjects. An habitually neat youngster starts to look disheveled and untidy. (Sometimes this may be the earliest sign of a depression.) Another formerly friendly girl, popular with her classmates, now seems seclusive and withdrawn. A well-behaved child becomes noisy and disobedient, or a hitherto defiant lad appears suddenly oversubmissive or subdued. A child with a good attendance record begins to play truant, and another,

always known to be honest, is caught in a lie or a petty theft. Sudden changes of this type may be danger signals.

Detection of incipient emotional disorders is more difficult than that of full-blown, acute disturbances because the former manifest themselves in a more disguised form. For this reason they are often either overlooked or mistaken for something else, unless one keeps in mind the many remote symptomatic forms of emotional disturbance. The child who suddenly displays an undue amount of attention-getting behavior in class may be demonstrating thereby the presence of an anxiety state. Such a child, frightened for some reason, may be automatically trying to invoke the aid and reassurance of the teacher as a parent substitute. Thus his annoying classroom behavior may be a disguised appeal for help which requires the teacher's reassuring friendliness rather than punishment, which would only aggravate the condition. Although the abrupt conversion of the "bad" boy of the class into a sudden paragon of virtue may bring much needed relief to a harassed teacher, even this apparent improvement may denote trouble ahead and, therefore, bears watching.

These are but a few of the innumerable possible illustrations of what to notice as signals for further investigation. Such vigilance is indicated at all times, whether in war or peace.

Fear and anxiety are not, of course, the only emotions that can cause havoc among children. The children who are often most troublesome to the teacher and to the class are those whose emotional disturbances involve various types and degrees of angry hate. They may fly into a rage at the slightest thwarting; pick a fight without apparent provocation; maintain a constantly surly, belligerent attitude; attack others, physically or verbally; rebel against discipline; break things; see slights where none were intended; and so forth. Some are unduly prone to periodic temper explosions; others to a more chronic resentful, suspicious attitude, a perpetual chip on the shoulders, with which they repel any kindly advances.

The diagnostic yardstick—reality of threat and appropriateness of response—again applies in distinguishing between

normal and abnormal forms of aggression. But there is a fundamental relationship between fear reactions and rage reactions. In his basic attitude toward others—that of attacking and expecting to be attacked—a child of this type feels himself constantly on guard against an anticipated danger from which he must protect himself by combat. In this sense his hostility is a defensive reaction against feeling helpless and afraid, and so may properly be included as one type of symptomatic personality maladjustment in an emotionally insecure child. Such behavior inevitably defeats its own purpose of relieving anxiety by setting up a vicious cycle of increased anxiety from guilt feelings and fear of retaliation. These disturbances warrant fuller exploration for contributing causative factors; the background usually reveals successive frustrating disappointments and unsatisfied longings for needed parental affection.

The already overburdened teacher, apparently expected to be a jack-of-all-trades and expert in each, may properly demur at the suggestion that she investigate and diagnose all possible emotional difficulties in her pupils. In cases of pronounced disorders, she should enlist special diagnostic assistance from child-guidance facilities or other clinical services. By "clinical facilities," we mean the services of psychiatrists, pediatricians, psychologists, and social workers. Since these clinical services are extremely limited, however, it is essential that the teacher evaluate all cases carefully before referring them, separating the mild from the serious disorders and handling the former through her own understanding of mental-hygiene principles as applied to school situations.

The common-sense management of these emotional disorders depends largely on our understanding of how they come about and, as we have seen, is essentially a problem of dealing with various forms of fear reactions, either of long standing or of sudden onset. The treatment involves both long-range and emergency measures. We can think of the latter as constituting a kind of emotional first aid, analogous to the widespread first-aid emphasis in a medical protection plan. This must include the farsighted everyday program of

such things as improved child nutrition, while preparing disaster units to deal with possible bombings.

Perhaps the most essential ingredient of the teacher's emotional first-aid equipment is reassurance. Reassurance is anything that allays or diminishes fear and builds up confidence. It may be direct or indirect, verbal or implicit in some act or attitude. The form most suitable, in any given instance, is determined by the needs of the particular child, his age level, and the specific circumstances. To be effective at all, verbal reassurance requires a reassuring manner. We all know that a jittery adult telling a child, "Be calm. There's no danger," produces just the opposite effect. In guarding against devastating emotional disruptions, the adult's own attitude of serenity, composure, humor, and confidence conveys itself to a frightened child as the most potent form of reassurance.

If the general principles of reassurance are grasped, their application is best left to the resourcefulness of the individual teacher, for every anxiety situation must be dealt with as a case by itself, rather than by any universal rule. In general, a sense of belonging to a larger group multiplies the individual's own resources; conversely, anything that increases a sense of isolation augments anxiety. It is common knowledge that we feel less afraid "when we can do something about it," and especially when we can "do something" along with others. The many ways in which, according to their ages and resources, children can participate in the war effort—such as buying defense stamps, knitting, collecting paper, and other group procedures—are amplified in another paper in this series.

Sometimes the simple procedure of questioning in private a child whose behavior appears unusual will readily straighten out what might otherwise develop into a major difficulty. An unduly sensitive adolescent girl, for example, began to play truant for the first time to avoid sitting on the floor in a shelter drill, as this embarrassed her. Her unwillingness might have been misinterpreted as pure defiance, had it not been for a talk with an understanding teacher.

Excluding the difficult or unstable child from school, except

in a very few instances, is no solution. Usually such action aggravates the difficulty. In England, increased juvenile delinquency, for instance, was largely attributed to irregular school attendance. Certainly any problem considered sufficiently grave to require exclusion from school warrants a full clinical study of the child and its home before such a step is taken. If a child is excluded from school, some provision must be made for meeting his educational needs. Increased use of teachers of the home-bound for such children is one of the measures considered in this connection. Some have recommended the exclusion of certain kindergarten children who seem too young to follow instructions in air-raid drills. As defense industries demand more working mothers, the younger children are particularly dependent on the school for their emotional as well as their physical welfare. Volunteer school aids can render a very important service in assisting teachers with very young children in emergency situations.

Evacuation is too large a problem for inclusion in this discussion, except for one or two points particularly pertinent to our subject. The conclusion reached from the combined available reports of warring countries is that evacuation, hurriedly carried out under emergency conditions, produces a higher toll of emotional casualties in children than their exposure to actual bombardment. On the other hand, well-organized evacuation has been highly successful in avoiding maladjustment when placements could be carefully individualized by sufficient personnel trained in child welfare. Special hostels for evacuated problem children have been found effective in England. There were 660 of these in June, 1941, staffed with child-guidance workers who report satisfactory readjustment on the part of many of the disturbed children.

Elsewhere we have mentioned the basic relationship of emotional disturbance to fear and hate. Intolerance is at once a symptom and a cause of both. Public leaders and school officials constantly warn against undemocratic discrimination, emphasizing the distinctions between enemy aliens and friendly aliens, and the melting-pot character of "Americans all." From the mental-hygiene point of view, we have seen how a child's feeling of security varies with his sense of

belonging to, or being excluded from, the group. Classroom boycott of an individual or a minority group undermines the emotional fortitude of those ostracized, and challenges the teacher's skillful intervention. The emotional damage is not limited to the children discriminated against. In a paper read recently before the Child Study Association, Dr. David Levy indicated in his title, *Intolerance—Its Toll upon the Intolerant*, that those who hate habitually do so at the expense of their own personality adjustment. He concluded, "The disseminator of intolerance, operating on the fertile soil of the psychologically hostile, may initiate an epidemic of hate, as readily comprehensible as an epidemic of typhoid fever."

The effect of teachers' and parents' attitudes and behavior on children is of such vital importance that a full paper in this series is devoted to it, but certain aspects are mentioned here since they pertain to the teachers' management of emotional disorders, particularly in critical times. Anxiety-free parents are the young child's best protection against fear, and, conversely, his morale is shattered by the spectacle of the frightened parent, who becomes useless as a source of emotional support. To a certain extent, the child feels toward any older person in authority, particularly his teachers, somewhat as he does toward a parent. Teachers' awareness of this is helpful in times of emotional stress, for it is then particularly that the child transfers to the teacher the attitudes, expectations, and feelings appropriate to his parents.

This phenomenon endows the teacher with a great deal of emotional influence over the frightened child. Not only the teacher's ability to safeguard him, but her willingness to do so, seems crucial to the anxious child. Hence the importance he attaches to what he considers her like or dislike for him. Evidence of her affection is sought as reassurance that she will help. Meeting a child's need for affection at such times is not overindulgent pampering, but sound emotional therapy.

Some children, however, with emotionally distorted family relationships, will fail to respond to the teacher's reassurance, despite her best efforts. Recognition of this may spare her needless discouragement. Such children may warrant reference to outside clinical help. One boy, for example, may

✓ carry over to the teacher his inner reaction against his mother's neglect and abuse and behave as if the teacher were a cruel mother, despite every objective evidence of her kindness. Or a child with neurotic guilt feelings—that is, guilt not justified by fact, but due to emotional conflict—may feel unworthy of the teacher's protection, tormenting himself, in times of danger, with the thought that the long-feared punishment for his imagined misdeeds is about to descend. Thus, ✓ certain unstable children feel secretly guilty because their fathers or brothers, who have joined the army, may be killed while they themselves remain safe. They feel it will be their fault if anything happens to fathers or brothers, especially when they recall instances of past anger toward them. When the best efforts of teachers have not yielded satisfactory results in cases of this type, the assistance of the clinical worker should be sought.

✓ It is essential that treatment procedures take into account the important emotional differences in children of various age levels. Certain principles of such treatment, dealt with more fully elsewhere in this series, may be briefly outlined as follows: Constructive outlets for painful inner tensions prevent their exploding in the form of acute emotional disturbances. Various forms of muscular exertion and creative expression provide such safety valves. Since rigidly enforced silence favors the accumulation of tension, the necessary order and discipline, in times of stress, are more readily maintained when quiet talking is permitted. Humor, not to be misunderstood as ridicule, helps dissipate fear. Children's natural adaptability will spare them many emotional disorders if, by careful handling, we guard them against abrupt shock. Keeping the child busy and interested in school and in recreational activities is insufficient treatment for those emotional disturbances where the child needs to get rid of his unhappy thoughts and feelings, as by talking or playing them out. ✓ Dramatic play is a valuable method of release and a means of assimilating emotional shock. If tragic events occur, children will usually react better to an open discussion than to an attempt, well-intentioned though it may be, to shield them from the truth.

MEASURES FOR THE PREVENTION OF EMOTIONAL DISORDERS

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THE advent of war tends to shock most of us out of our peace-time complacency. The threat to our society and our observation of the sacrifices and efforts of others stimulate a deeper sense of social consciousness and a desire to contribute to the welfare of our country, within the limits of our individual talents and capabilities. We desire to do our bit. To some falls the rôle of direct participation; others render service by working more assiduously at their customary tasks in life.

As in many other fields, mental-hygiene knowledge has extended beyond its practical application. It now becomes our duty to utilize this knowledge. We may expect that children will be exposed both to the direct and to the indirect stresses of war, and it is our belief that mental hygiene can be utilized to mitigate the fears and unhappiness thus engendered and assist in the development of healthier, happier, and more useful citizens.

Some of the preconceived ideas that were entertained about the reactions of children to the stress of war have been found untenable. Many people envisioned children as becoming panicky or hysterical under the threat and anticipation of violence and bombing. The actual experience of undergoing bombing itself was conceived as an emotional trauma that would result in immediate abnormal disturbances and ultimate personality ravagement. Naturally, it is too soon for us to reach conclusions with regard to delayed effects, but data are rapidly accumulating on the immediate responses. Dr. Martha Eliot, in her report of observations in Great Britain,¹ writes:

"The morale and general emotional condition of children, both those under bombing and those evacuated to areas of relative safety, were on

¹ *Civil Defense Measures for the Protection of Children; Report of Observations in Great Britain, February, 1941*, by Martha M. Eliot, M.D. (Children's Bureau Publication No. 279.) Washington: Government Printing Office, 1942.

the whole amazingly good. . . . Reports from many types of workers with children indicated that many children would suffer emotionally; the actual facts of the situation did not prove this to be the case. The reports indicated, on the other hand, that many children reacted to bombing as if it were an adventure. Child-guidance workers repeatedly stated that the effect of the bombing on children was less than had been expected. . . ."

A warning note is introduced, however, as she adds, "It was the opinion of some social workers that many more children were suffering from emotional disturbances than appeared on the surface at this time." Again, Dr. Robert D. Gillespie, psychiatrist of the Royal Air Force, speaking at the Academy of Medicine in New York, made the remarkable statement, "I have had difficulty in collecting instances of 'bomb fright' among children. No acute emotional reactions have been seen in Guy's Hospital."¹

Children examined at the Bureau of Child Guidance in the week after the outbreak of hostilities with Japan were pre-occupied with the same problems and anxieties encountered in peace time, and this at a time when adults showed considerable emotional disturbance. Not a single child made spontaneous reference to fear of bombing, nor were there unconscious manifestations of this type of fear. When the subject was introduced by the psychiatrist, it was discussed in an adventurous fashion or dismissed with a remark such as, "Oh that! We'll lick them anyway."

The misconceptions with regard to children's reactions appear to be due mainly to adults' displacement of their own types of anxiety upon the children.

While the emotional reactions of children to the obvious dangers of war have been found to be less than anticipated, this does not mean that they are immune to its influences. They are not. It is simply that the causes are to be found elsewhere. It is of the utmost importance that teachers and parents be aware of these factors, so that they may be prepared to deal with them intelligently and efficiently. Here, again, the British experience is invaluable to us. Dr. Gillespie states ²:

¹ See his Salmon Memorial Lectures delivered before the New York Academy of Medicine, November 18 and 19, 1941, as abstracted in the *New York State Journal of Medicine*, Vol. 41, pp. 2346-49, December 1, 1941.

² *Op. cit.*

"Guy's Hospital . . . is in the middle of one of the most frequently bombed areas of London. . . . The patients who do come, with few exceptions, present mainly the *same* problems as in peace time. . . . Children, generally speaking, take their pattern of behavior from the adults and, if a brave demeanor was shown, children automatically followed suit. However, with children as with adults, more important than the fear of death or destruction is the importance of *satisfying their daily needs*. It is not the physical danger or the prospect of it that matters most. The outstanding lesson learned, not without surprise, during recent experience is that, war or no war, the pressing needs of parents with problem children cannot be ignored. Increasing demands from parents . . . indicate that anxiety regarding their children's day-to-day difficulties takes precedence even in these times over the remoter fear of death and destruction. [Emotional] problems arising in children are usually caused by environmental or domestic situations as in peace time, and can rarely be traced to the impact of the war itself."

Dr. Gillespie then goes on to a discussion of some of the factors that are provocative of emotional disorders—factors that involve disturbances of environmental and emotional ties brought about by a state of war. The absence of one or more parents, in military or munitions service, played an important rôle. The removal of many of the recreational outlets that ordinarily exist in a city was thought to play a large part in the increase in juvenile delinquency. *Disorganization of the child's regular routine was found to be the most devastating factor of all*, even in those children who were not evacuated, but whose school hours were curtailed and whose recreational clubs were no longer open.

In this country, some cases that at first appear to be caused by war disturbances, on investigation prove not to be. The first "war problem" that came to the Bureau's attention is an excellent example of this. A little girl was taken home during the first air-raid drill. Her mother, not expecting her at that hour, had gone shopping. The child, accustomed to having her mother at home when she returned, was profoundly upset, fearing that the mother was gone and would never return. When reunited with the mother, she clung to her and later refused to leave her or return to school.

Investigation revealed why this experience was so disturbing. A few months before, her father had left home on a business trip and, while away, had died suddenly. He had gone away and the child had never seen him again. The loss of her father had been a severe blow to the child. Even

before the onset of hostilities, she had been manifesting neurotic symptoms, including anxiety, night terrors, and phobias. When she returned home and found the mother absent, she feared a repetition of her previous loss, and this one would leave her utterly alone.

Similar situations are of common occurrence in peace-time practice.

It will be seen that practically all of the opinions in the current literature on the effects of bombing and war stress upon children are in unusually complete agreement. From this we may safely conclude that immediate profound emotional disturbances from these causes, in children at least, are rare. It is quite possible, however, that in the turmoil of disaster, the lesser disturbances have existed unnoticed.

There is every reason to believe that our experiences with emotional problems in children will parallel that of the British, and that we may expect a continuation of the everyday problems of the past. Recognition of this point is important, as it places us on familiar ground. For the past decade, teachers and child-guidance workers have been working together in an effort to understand the basic problems of children and to institute mental-hygiene attitudes and techniques. This knowledge should now stand us in good stead. It is the application of these basic principles, by teachers and parents, to somewhat changed circumstances and situations that will be the foundation of preventive work with children during the trying days ahead.

We have by now a fairly clear concept of the emotional needs of children during peace. That they are equally valid in war, is borne out by the opinions of professional workers with children in England, where the wholesale separation of children from their parents has brought out these factors in bold relief.

Dr. Susan Isaacs, in her article entitled *The Uprooted Child*, states in her summary:

"Evacuated children have three deep needs. First, they need not only shelter, food, and clothing, but warmth of atmosphere, love, and friendliness. They need a home. They can no more live without love and warm friendliness than they can without food and shelter.

"Secondly, they need an active social life among their companions, together with the space, material, and opportunity for play, and for all

the creative activities (arts and crafts, drama, books and excursions) which will enable them to feel that they are still learning and creating, and help them understand the new aspects of life with which they are surrounded. Play centers and their own schools should give them these activity experiences of the new world they now live in.

"Thirdly, they need help in keeping alive the images of their parents and their loyalties to their own homes. The foster parents, the schools, and the social agencies cannot serve these children fully if they break these links. They can do so only if they show a friendly attitude to the children's own family and home life."¹

Dr. John Bowlby, writing on the problem of the young child, stresses the importance of keeping the child with its mother, or with friends with whom it is familiar, and urges that if the child must be placed with strangers, care be exercised in choosing willing foster parents who are emotionally capable of providing for the emotional needs of the child. He recommends frequent visits from the parents.²

In a study made by the Department of Social Science of the University of Liverpool, in October of 1939, it was discovered that separation of children from their parents frequently gave rise to serious emotional problems. In the Cambridge Survey, a study made under the chairmanship of Dr. Susan Isaacs, it was found that more satisfactory adjustments were obtained when children were placed together with their brothers and sisters, and when school units could be maintained.

Dr. Anna Freud, director of the Hampstead Nursery Colony, opens her report on the first year of their work, with the statement:

"One year of work with England's refugee children has revealed that a child can be bombed out, yet smile two minutes afterwards, or sleep peacefully while a bomb makes a big crater in a garden less than fifty yards away. Love for the parents is so great that it is a far greater shock for a child to be suddenly separated from its mother than to have a house collapse on top of him."

All of this emphasizes what we have long known—that emotional security is the central need of children, and that separation from parents is a potent cause of neurosis and behavior problems. Most children are prone to interpret separation from their parents as rejection, since they feel

¹ Quoted by Eliot, *op. cit.*, p. 29.

² See Eliot, *op. cit.*, pp. 29-30.

that if the parents loved them enough, they would devise some method of keeping them at home.

Activity of some sort is a necessary condition of happiness and for many people a preventive of apathy, restlessness, emotional illness, or antisocial behavior. Keeping people busy and occupied is one of the best ways of averting mental breakdown after they have faced tragedy or other terrifying experience. It tends to preclude a period of rumination which may precede a remote psychological reaction. Emphasizing the importance of occupation in the prevention of psychoneurotic after-effects, Dr. Gillespie says¹:

“It was only after the individuals concerned had finished rearranging themselves and their affairs and had time to sit down and consider the situation that the symptoms appeared. It is disorganization rather than fright which is the causal factor here. Disorganization of the child's regular routine is the most devastating factor of all.”

It will be observed that the foregoing opinions lead to the conclusion that the major dangers to the emotional life of children during war are disruption of the emotional bonds with their parents and those they love, the disorganization of their routine, and the curtailment of their habitual methods of emotional outlets through play and recreational channels.

All authorities who have had experience with children in the countries at war agree that the attitudes of parents and teachers play a major rôle in determining the reactions of children. Children, generally speaking, take their pattern of behavior from adults and if a brave demeanor was shown by the adults, children automatically followed suit. Dr. Margaret Mead, in one of her talks, urged “steadiness” in the teacher, which will carry over, through the child's attitude, to his home and even to the community as a whole. She added:

“We have to reorient ourselves if we are to give children the security they need. It can be done. . . .

“Unless you yourselves seriously believe that you can protect them from being maimed psychologically . . . you can't give your children a feeling of safety.”

Thus, the first step in seeking to prevent emotional disorders in children lies in the introspective process of setting our own “emotional house” in order, so that we may

¹ *Op. cit.*

approach the problem with realism and present an unfrightened, steady, and reassuring façade to children. Fear, trepidation, confusion, outbursts of anger or irritability, excessive disciplinary trends, or other manifestations of teacher anxiety are readily sensed by children and do much to undermine their morale.

Dr. Karl A. Menninger, in his paper, *Civilian Morale in Time of War and Preparation for War*,¹ points out the tendency toward excessive aggression or passivity. He says:

"There is a deep emotional conflict which is aroused by war and this war in particular. War stimulates the wish to exert power over other people, to be aggressive, dominant, commanding, possessive. Civilization restricts such impulses in all of us only with great difficulty, and when a program can be promoted . . . which gives some individuals power over the lives and behavior of other people, it often attracts the wrong type of person to do this and creates envious ambitiousness of an unhealthy type in many people. Much as we talk of peace, all of us have secret yearnings, of which we are a little ashamed, to act in ways that would be permissible only if war existed. We want to fight, we want to control other people, and civilization forbids us to do this except in a righteous cause. War provides such a cause. . . . But there is a more subtle temptation, one which affects more people and one which is more corrupting. This is a temptation for the gratification of the latent passive tendencies. If the struggle with our aggressions is one of the great problems of each human being, the struggle with our passivity is certainly another. It is a great satisfaction to certain deep, unconscious urges to be able to relegate authority to some one else, to submit meekly to what one is told to do and to expect, in payment for this obedience, protection, patronage, and praise. It is comfortable to many individuals to be able to lay aside the responsibilities of maturity, not voluntarily, but by official decree, and to assume a childlike relationship to authority comparable to that of the parent."

It is important that those who are dealing with children should avoid *both* of these psychological attitudes. Only so can they win the confidence and respect of the children and provide the leadership, independent ingenuity, and sense of security necessary to optimal functioning.

For many children the transition and adjustment to a new teacher are made with difficulty and tend to induce anxiety. In view of this it would seem advisable now to advance with their classes those many excellent teachers who have established good emotional relationships with their children.

Sound leadership qualities in teachers induce confidence

¹ *Bulletin of the Menninger Clinic*, Vol. 5, pp. 188-94, September, 1941.

and allay anxiety. In a pamphlet issued by the Ministry of Information on behalf of the Board of Education of London,¹ the writer states:

"The children have implicit confidence in their teachers and feel safe in school, where the quiet atmosphere and steady occupation is one of the best antidotes to war nerves. It says much for the head teachers and their staffs that, despite the difficulties they have had to face, they have managed to conceal their own anxieties and worries and inspire such confidence in the children committed to their charge."

The children must feel that they are being well led and that they have a leader who can plan for them and carry out his plans expeditiously and without confusion in an emergency. They must think of this individual as a steady, calm, and kindly person whom they can trust.

It is important that leaders be not too dictatorial and arbitrary or children may come to feel that they are being too much forced and too little permitted to share in the responsibility and the mutual protective efforts.

Dr. Gillespie, in his Salmon Lectures, stressed the fact that keeping people busy and occupied was one of the best ways of preventing mental breakdown. Practically all writers agree upon this and many advise that there be no greater disturbance in the child's normal school and play routines than is absolutely necessary. Dr. Karl Menninger, in his paper, *Civilian Morale in Time of War and Preparation for War*,² speaks of three great preventive resources: play, knowledge, and work. It is necessary, he says, to recognize the dignity of recreation and to make it possible for those who are now forced into abnormal life situations to absorb some of their energies in constructive play. This is not a mere ornament or side issue, but a fundamental necessity for morale. With regard to work, he states:

"People want to feel that they are doing something for the cause, that they, too, are standing shoulder to shoulder with the soldier and the statesman. The organization of activities . . . even for the children is more than desirable encouragement of patriotic feelings. It is an antidote against fear, discouragement, suspicion, and resentment. Useful action and vigorous preparation to meet danger will develop strength of a common purpose in a way which will make united support of central leadership far more unified and effective."

¹ *Anxiety and its Control in a Civilian Population under War Conditions*, by Dr. William Dunn.

² *Op. cit.*

With regard to knowledge, he says:

"And, finally, there is the antidote of knowledge against poisoned morale . . . confidence is not inspired by admonitions, by disapproval, or by coercion and it is easily undermined by deception. If you want to encourage a child to be brave, says Glover, in a recent book on morale, entitled *The Psychology of Fear and Courage*, 'you do not begin by telling him that he is silly, but you do encourage his sense of responsibility and give him something sensible and useful to do, show him a good example, tell him the truth, admit your own errors and be friendly with him. He will do the rest himself.' "

In exploiting work, therapeutically, each child's special interests and skills should be explored and utilized. In those things for which he has special aptitude and interest, it is quite probable that his results will be good, inducing in him a sense of achievement and self-importance. In addition to these individual satisfactions, each child must be made to feel that he is a member of a group in which he has a share in the total effort. He must be given something to do in the way of manual activity, no matter how simple it is. In speaking of activities in the London schools during war time, Herwald Ramsbotham¹ says:

"Many war activities are being carried on in all schools. The girls knit comforts for the Forces, lessons in first aid and in war cookery are given, and, where possible, boys are digging for victory. In all types of schools Spitfire funds are to be found, and National Savings Associations have developed enormously. During the year 1940 nearly 6,500 new Savings Groups were formed in the schools and the total of such Groups is now well over 30,000. One girls' school of 300 pupils saved over 4,300 pounds in 1940, as against a total in the previous year of 51 pounds; while a boys' senior school with 200 on the books totaled over 6,000 pounds in the year, against 60 pounds in the previous year.

"Children are born collectors, and the salvage of paper, bottles, bones, alumin, and scrap metal owes not a little to their zeal. Their activities must be organized if good results are to be obtained. In one case the headmaster assembled his boys and explained to them what was wanted and why it was important. A school 'House' competition was arranged to stimulate effort by inter-House rivalry. A school transport fleet, consisting mainly of boxes on wheels, was then assembled and the hunt began. The boys scoured the neighborhood in their spare time and at the end of four months had collected 42 tons of scrap."

It would seem advisable to extend and to increase group activities in the school itself. Play groups, clubs of various types, and intramural athletic contests are particularly desir-

¹ See *The Schools in Wartime*, issued by the Minister of Information on behalf of the Board of Education. London: His Majesty's Stationery Office, 1941.

able. In those instances where recreational outlets have been curtailed either for groups or individuals, they should be immediately replaced by some type of activity.

The early detection of emotional problems by the teacher is desirable. Some of these are already known to her, such as behavior problems, marked infantile states, or emotional instabilities that manifest themselves openly. The more subtle evidences of emotional tension frequently pass unnoted.

Children with border-line emotional disorders may adjust reasonably well during peace time, but be unable to stand the additional stress encountered now. It is reasonable to believe that their early detection and adequate treatment would so increase their emotional stability as to prevent overt problems later. Judging from British experience, we may expect trouble with those children who previously showed psychoneuroses and other types of emotional disorder.

The adults who are most apt to develop psychoneuroses during war are those who in childhood exhibited morbid fears and nervousness or those who have overconscientious personalities, particularly when overworked, and, of course, such children and adults may act as carriers of anxiety.

Those who have been in poor mental health prior to the emergency will show a predisposition to the development of anxiety under the strain of war, and particularly the war of nerves. They will meet danger halfway, and their vivid imagination will enlarge it. They will be apt to manage this new anxiety as they have earlier ones, by flight reactions or paralysis of all action, with a much greater need for dependency.

It is desirable that the teacher have a fairly comprehensive knowledge of the personal problems of each of her children gained through close relationship. She should be aware of the various factors that produce physical and emotional stress. With knowledge of each child's illnesses, worries, and home problems, she will be able to initiate and to encourage procedures for his physical improvement and to act in such a way as to protect him from unusual emotional stress. In these instances, academic and disciplinary pressure should be lifted and anxiety allayed through reassurance and the

building up of a warm personal relationship between the teacher and the child.

The teacher can do much to encourage and to develop relationships between children, utilizing the stable and confident child to support and reassure a more anxious one. This is particularly true during times of unusual stress such as during air raids.

With the majority of children, the teacher's personal observations and management will suffice to meet their needs. In other instances, the advice and counsel of older and more experienced teachers and supervisors, counselors, or social workers should be sought and their advice utilized in the treatment program. There are some problems of a more serious nature which require the specialized services available at child-guidance clinics in order that their complex causes may be understood and adequately treated. Dr. Martha Eliot, in her report on the civil defense measures for the protection of children in England,¹ says, "The need for providing more workers in the child-guidance field, and therefore the need for extended facilities, was stated repeatedly in interviews."

While the suggestions offered should help to prevent or to arrest the more serious problems, some children will not be able to handle the added tension. We will have to be tolerant of them or we will add to their burdens. As Dr. Dunn, in concluding his very excellent paper on the control of anxiety,² says:

"We must be well aware that every one has a breaking point at which they may develop anxiety; that for some it is lower than for others; that for all it is a matter of dosage to which they are exposed. We must be careful not to show contempt for those who are apparently less well equipped, for at times they may show themselves most fearless, and for those who actually break we cannot make any very good estimate of the factors which have lowered their reserves to a point where they show anxiety which they can no longer control."

¹ *Op. cit.*

² *Op. cit.*

GROUP PROCEDURES FOUND EFFECTIVE IN THE PREVENTION AND HANDLING OF EMOTIONAL DISORDERS

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TEACHERS are specialists in the handling of children in groups. In time of war, this handling of groups of children takes on added importance because of the many unforeseen possibilities. One of the responsibilities of teachers at this time is to prepare children for emergencies, and they have been doing this splendidly. It is not our purpose, therefore, in this discussion to tell teachers how to manage groups of children, but rather to review some of the practices found in many schools in this city, in other cities in this country, and in England. Much of what will be discussed in this paper will not be new to workers with children; our aim is to organize some of the accepted thinking on this subject.

This discussion will consider group procedures that teachers have found effective in the prevention and handling of emotional disorders, and will treat them in four distinct phases:

1. The classroom situation
2. The school as a whole
3. Special activities during alerts
4. The prevention of panic.

The importance of maintaining life for the child at as nearly normal levels as possible must be constantly kept in mind. In as much as a large proportion of the child's time is spent in school, continuation of this aspect of his existence is of the utmost importance. The carrying on of usual activities and tasks has a reassuring effect, so that the continuation of daily participation in school activities is imperative. The most useful group procedure we have is the normal classroom program and routine.

The teacher who can give the children in her class a feeling of confidence—a feeling that regardless of what happens, she can handle the situation—who is able to avoid a worried, harassed expression even if she is under tension, is doing a

tremendous amount to fortify her children. She can utilize the usual classroom procedures to keep the child busy, to help him learn and develop his rôle in the war effort, and to give him the feeling that he has a valuable contribution to make.

Some teachers would attempt to protect children from contact with the war, but it is necessary to recall that the child meets the reality of the war outside of school. We cannot protect him from the bombardment of radio programs, news broadcasts, and emergency bulletins, many of which are voiced in a manner calculated to arouse apprehension and worry. Neither can we keep him from seeing the newsreels in the movie houses, which most children attend at least once a week, nor from hearing parents' comments, which often fail to take into consideration the children, who, though apparently playing, may none the less be an attentive audience. We do not wish to imply that the war must dominate the curriculum, but rather to suggest that enough attention be paid to it so that the children may gain security from their teacher's recognition of their awareness of what is going on in the world.

Every subject in the curriculum can be woven into the war situation and into the child's everyday life. Social-science, geography, and history classes can be used to impress upon the child the vast resources of the country, the plans that are being carried out to provide protection, and the manner in which every one is meeting the nation's demands and needs. There can be map and globe study of the war areas. The newspapers have valuable maps, charts, and other graphic or visual material which make the child aware of the extent of the war effort and which, if carefully selected, are profoundly reassuring.

This was brought forcibly to our attention by the reaction of a fourteen-year-old boy to a recent graph in the *Sunday Times*, comparing favorably our natural resources with those of the Axis powers. He cut it out, showed it to every one he encountered that day, and was heard to remark several times that he hadn't known how much we had, and now realized that we had nothing to fear; we could take care of ourselves. The graph provided a tangible instrument for relieving him of some of his anxiety. We might, however, add a word of

caution here. We can see no advantage in having four-inch headlines announcing the loss of vessels, extensive killing of soldiers, and so on, pinned on the classroom walls. This type of material usually serves only to arouse or to increase fear and apprehension. It is necessary to select material rather carefully, weighing its power to arouse anxiety, and taking into consideration the age and maturity of the group.

Drawing has been found extremely useful in permitting children to express fears and to gain relief from tensions. Allowed free expression, children will draw scenes of bombings, sinking of ships, and any and every phase of war-time aggression. Color will be used vigorously. Red crayons will portray the fires consuming the enemy planes and equipment. As a result of this activity, the children, particularly the younger ones, get the feeling that they are doing something about the war situation and that they are identified with those who are protecting us. This serves to relieve pent-up tensions. They may also draw pictures of other terrifying or frightening phases of their environment. There is no need for the teacher to attempt to interpret or to explain the significance of these drawings. Certainly there should be no discouragement of the selection of war subjects.

Children have a need to talk about the war. Opportunities for group, as well as individual, discussion in class regarding war problems will give children the chance to clarify their knowledge, to correct some of their misinformation, to cull out rumors, and to make threatening events seem more commonplace.

Some teachers have found it helpful to spend fifteen or twenty minutes at the beginning of the morning talking with the children about news broadcasts that they—both the children and the teacher—have heard on the radio that morning while getting ready for school, or during the previous evening. News accounts they have read are also included. Clippings that the children are encouraged to bring in are woven into a discussion and are sometimes placed on the bulletin board. Older children may wish to write a summary of the war situation and to keep daily bulletins posted in the classroom. The extent of this activity should be influenced by the children's interest and reaction. It must be kept in mind that

children who are extremely concerned, fearful, and apprehensive about the dangers of the war may present a bored, "I'm not interested—I don't want to be bothered" attitude whenever the subject comes up. This type of child may need individual consideration, as has been stressed in some of the other articles in this series.

It sometimes becomes necessary to prepare children for reverses. Too much optimism about military success may result in feelings of helplessness and anxiety when newspaper and radio reports tell of defeats. In daily discussions the children need to have pointed out to them, casually, the possibility of defeats in some areas, and when such defeats do occur, they can be used to stimulate renewed interest in activities helpful to the war effort.

One type of classroom procedure developed several years ago and recently demonstrated in some of our junior high schools is a valuable addition to our armamentarium of methods for preventing and handling emotional disorders. It is known as the Class in Human Relations and is the outcome of experimental work devised in Canada to draw shy, withdrawn children into socialized group activity. It was found that not only was the original goal attained, but that other gains resulted from participation in the class, as it was developed by Colonel H. E. Bullis, Director of the Delaware State Society for Mental Hygiene, and Miss E. O'Malley, a teacher in the Junior High School of Port Washington, New York.

The Human Relations Class is a practical method of introducing mental-health concepts to the pupils. It can be utilized for purposes both of prevention and of therapy. In these classes children discuss freely problems of living, bringing out difficulties and learning something about themselves and how to manage themselves. The classes have, in the past, been confined to the seventh and eighth grades, but are now being tried experimentally from the second through the tenth grade. Extending them to the lower age group would appear justifiable from the results obtained. They are held during regular English, social-science, home-economics, home-room, or study periods, and are conducted by the regular class teacher.

The procedure has been used successfully with dull groups as well as with average and bright classes. The class begins with a stimulus by the teacher to initiate group discussions. The stimulus may take the form of an account of a personal experience, a short story, a moving picture, or the enactment of a short play by members of the class. This part of the program never takes more than ten or twelve minutes, and the children are then encouraged by the teacher to discuss freely the problem involved, to appraise various methods for solving it, and then to relate parallel situations from their own experiences. In this way the children discuss problems that are bothering them, realize that others have similar difficulties, release considerable emotion, learn something about the motivation of some of their behavior, and, in Colonel Bullis' experience, carry over their new knowledge and attitudes into other situations. Children who have participated in this type of class have been observed to increase in sympathetic understanding of their fellow students, to grow in self-confidence, and to show a noticeable improvement in their ability to handle difficult situations and problems.

In conducting this type of class, the teacher should express no judgments, completely accepting whatever may be produced during the heat of the discussion. At times these discussions may become quite charged with emotion, but a punitive or moralizing attitude on the part of the teacher counteracts the benefits inherent in the procedure. The reactions of the children while the class is in session reveal personality traits that it would ordinarily be difficult to ascertain, and give the teacher clues as to approaches that she may use with profit. This type of class is especially valuable as a means of draining off highly charged emotions.

The pros and cons of the activity program are still being debated by many teachers. But even before that program became the official method of teaching in the New York City schools, good teachers were using the beneficial features of it, whether they subscribed to the program or not. This approach gives us an excellent medium for developing a type of group relationship that is very important in maintaining the emotional well-being of the child. The group morale, the *esprit de corps*, that results from it is a bulwark against

the development of emotional disturbances. Through the group emphasis in the activity program, the participants develop a stronger feeling of belonging, a greater awareness of all the members of the group, and an increased control of individual conduct. This is the result of sharing with one another, of mutual stimulation, and of mutual planning and working.

In our concern about the mental-health aspects of the war, we must not overlook the importance for morale of physical health and the need to keep physical as well as mental health at optimum levels. Physical-training and hygiene classes should be pointed toward this, with emphasis upon attention to the ordinary rules of good physical hygiene—*i.e.*, adequate sleep, well-balanced meals, stimulating work and play interests, each in proper proportion. This has been given considerable attention in the countries at war. England has organized a "Fitness for Service" movement, tying in the preservation of health with defense efforts. This particular organization concerns itself with the age group of sixteen and over, and its training includes physical exercises, boxing, and active games, as well as pre-military training in squad and foot drills. Physical training for boys between fourteen and twenty on a voluntary basis has also been developed in several European countries.

Intramural athletic activities are not new either in elementary or in high schools. Some of these activities, however, will probably have to be modified in the present situation. They take on added importance if we view them from the point of view of emotional discharge, release of aggressive feelings, and improvement in social living. Among the activities found helpful for younger children are volley ball, soft-ball games, touch tackle, handball, and other games that require considerable motor activity combined with the opportunity to express aggression. For the older children, activities such as boxing and military tactics, requiring more strength and endurance, should be added. Groups are best organized when they permit participation by all the children who are physically capable, instead of being limited to those who show athletic prowess and superiority. The benefits derived stem from group participation and mild competition

on a fairly equal footing, and not from the development of intense rivalry situations.

Athletic activities should not be limited to boys, but should be open to girls. Women will be needed to take over jobs hitherto considered masculine—jobs such as parcel delivery, mail delivery, truck-driving, factory work, and so on. It is important to arouse in the younger girls, as well as in those of the high-school group, a desire for good health, strength, self-reliance, and independence, and a will to use these in the war effort, if necessary. They can be helped to develop confidence in their ability to handle those jobs which, in view of our increasing draining off of man power to the armed forces and defense industries, will undoubtedly be turned over to them.

Boys and girls of junior and senior high-school levels can be interested in scientific nutrition groups. Training may include classes in food chemistry, nutrition, preparation, and serving. There can also be a tie-up with the production of food, especially if this material is included in general science or biology programs. Communal vegetable gardens, in which even very young children can take part, serve to reinforce the feeling of participation and helping. We realize that in many city schools gardens are out of the question, but a number of schools do have some garden space. Window boxes are an alternative, and chemical gardening, which requires no earth, has reached the practical stage.

With parents working out of the home, facilities have to be provided to take care of what we formerly thought of as "after-school" hours. This does not mean that teachers must necessarily do this work. Recreational specialists should do this, except in so far as teachers train themselves for it and volunteer their services. Varied social and recreational facilities are needed. Play centers can be organized in school buildings where boys and girls can engage in group play. Imaginative play, in which they can act out their own fears, dissatisfactions, and ambitions, can be used to desensitize children with regard to specific fears and to release generalized tension. Creative dancing can be used in the same way. The stimulation of hobbies and handicrafts, such as airplane modeling, with carry-over interest, is effective in

producing good adjustment and more satisfactory relationships among the children. If play materials, such as clay and paint, can be provided, the use of these materials, without emphasis upon the end results, tends to provide satisfactions for the children, particularly the younger ones.

Dramatizing family situations through the use of clay figures has been found helpful in releasing tensions in kindergarten and primary children. This is a modification, applicable to classroom use, of the situations used by professional therapists in handling disturbing emotional situations in children. The making of puppets and the planning and acting of plays using puppets also has been found a valuable procedure with emotionally upset children, and together with other types of dramatics, can be more widely used. The children should not only act in the plays, but also have a part in writing them and working them out. This type of activity may extend beyond the usual division of actors and audience to involve audience participation.

We should take advantage of the benefits that can be derived from the use of groups organized specifically for participation in the war effort. These provide valuable means of keeping the child adjusted through manual activity, through the building up of feelings of importance, and through the reinforcement of feelings of security. The child learns to shoulder his share of the burden and, what is even more significant, discovers that something he can do is of value. We must not let him feel that a "trumped up" job is being provided for him. Good results are obtained when the teacher herself values the child's contribution, whether it takes a tangible form, such as collecting 200 pounds of newspapers, or is intangibly expressed in the child's efforts to be more self-reliant and a better sport with the other children.

Groups of this kind have already been established in many schools under a wide variety of names. The group that takes in the largest number is essentially a salvage group and might very well work in with the program of increased stimulation of War Stamp and Bond purchases. This type of organization emphasizes the need to make sacrifices and to take a responsible share in a community-wide program.

A word of caution is in order here as to the need to protect

the feelings of the child who comes from a family so economically deprived that the ten- or twenty-five-cent stamp the group decides each member will purchase each week represents a sum of too great importance in the family budget to be available to him. He is, therefore, eliminated from sharing in that particular aspect of the group's activity and may suffer from the critical remarks of the other children. He may have the feeling that he is being criticized, even though there is no open or devious criticism. The integration of the War Stamp campaign with the salvage campaigns can handle this type of situation, since even the youngster who cannot bring money to school can usually gather some type of waste material and thereby take his place with the rest of the group.

The newspapers have made us familiar with the importance of salvaging paper, metals, rags, bottles, tinfoil, and so on, and children's enthusiasm for this type of activity has been adequately demonstrated. This type of program takes in all age groups and can either be on a classroom basis or combine several grades, or the entire school can be made the unit. In that case the project can serve to foster school spirit, helping to break down the barriers between classes and to give children the opportunity to know the children in the classes around them. It can also be used to acquaint children with teachers whom they do not know, but who, in the ordinary course of events, will be their next teachers. This is a particularly important point, because it remedies one of the defects in our planning for the closer relationship between children and teachers. It enables more teachers to become the known, familiar, supporting adults in the event of catastrophe.

To further the child's sense of participation and to provide useful activity, we must be certain that every child in the school has an assigned duty or rôle. Provision should be made for classroom as well as school groups. From the seventh grade up, fairly responsible types of group can be organized. These may consist of various kinds of air-raid squads. One type might consist of five or six children in each classroom whose duty it would be to supervise the opening of windows and the turning off of lights, to make certain that each child has a partner, to oversee the taking of outer

clothing, and to act as leaders in the air-raid drills. Another group would consist of the upper-grade children in the school who would be given the duty of helping with the kindergarten and the first and second grades in such drills. This, of necessity, would require careful planning to avoid confusion.

Integration with community groups can be effected by coördinating some of the school group projects with already existing organizations, such as the Scouts, Camp Fire Girls, Junior Red Cross, and so on. Some of the group activities that might be suggested are child-care clubs, airplane-model-building clubs, and garden clubs.

So much for the usual school and classroom activities.

In addition to curricular and extracurricular activities, the teacher has the very important function in this war of preparing children for possible air raids. In England, the precautionary air-raid drills have proven valuable, not only in meeting their primary purpose—that of protecting the child physically—but in desensitizing the child through frequent repetition and preventing panic reactions in time of actual danger. Air-raid entertainments have been planned in advance for use in the shelters, and children of all ages, from the smallest up, have been stimulated to prepare poems, plays, recitations, songs, quiz games, and so on, with which to entertain others during enforced stays in shelters. At times these activities have proved so fascinating that the children have even asked that the air raid be continued.

We may profitably use the British experience in planning our own air-raid drills. The drills should be utilized as valuable procedures to instill confidence in the children, to reassure them, and to increase their resistance to panic reactions or other states of emotional excitement. The preparation in the classroom is very important because it is in the classroom, during discussion periods, that the teacher can lead into planning, and can select monitors to help in the carrying out, of air-raid drills. The larger, more mature children in the class can help prepare the group in initiating the drill. This group of children may even have a group title, such as Junior Air-Raid Wardens.

The children must be made aware of the necessity for implicit obedience at certain times. They must realize that in

order to safeguard them properly, the teacher will, under certain conditions, expect them to do exactly as she asks them to do and, like soldiers in battle, must follow implicitly any commands she gives them. This assumes that the child, through his previous experiences both at home and in school, has been helped to develop an inner discipline and self-control that enable him to meet the demands placed upon him, to respond adequately, and to show consideration for group needs. Under this type of discipline, children will feel safer and the danger of panic will be greatly reduced. Teachers should use this control wisely, however. If it is enforced for too long a period, or under circumstances in which the child can see no reason for it, resentment and tensions are built up.

A few concrete suggestions based upon widely used practices in schools in connection with air-raid drills are the following:

1. Pair up children. If you have a child who is known to be unstable in the class, place him with a stable, mature youngster. This may involve changing seating arrangements, so that the paired children will be in adjoining seats. This type of balancing has the additional merit of acting as a stabilizing agent on the less stable child even in the classroom.
2. Wherever possible, separate children of known emotional instability from one another and place them with and between the more stable and emotionally mature children.
3. Have each child responsible for taking something with him. The responsibility for carrying something is a tension-reducer. Young children—i.e., kindergarten or first-term children—may have favorite, reassuring toys. Older children can carry books or other school material that may be used during the "alert" period. One child may be assigned the special portable kit, which should be ready and which may contain some books, a simple musical instrument such as a mouth organ or harmonica, Kleenex, and a flash light. The teacher, of course, will carry the first-aid kit. It would be well to show this kit to the children and to explain the contents so as to familiarize them with it.
4. In the shelter area, classes of young and older children should be alternated, so that the older ones can look after the younger ones, should an emergency situation arise demanding the temporary absence of some of the teachers.
5. Although silence and a rapid and sure response to directions and commands are necessary in organizing the children and taking them to previously selected places of safety, continued silence during long waiting periods is harmful and will merely serve to store up tensions.

The child's knowledge that there is a definite plan of action is reassuring to him. The frequent and thorough rehearsals

make him so familiar with the procedure that it becomes a tried, well-known, and familiar activity, and the fear quality of something unknown and unexpected is dissipated. Plans should take into consideration not only the ten-minute drills, but "alert" periods of one or more hours, such as we may be called upon to handle in the event of actual bombing. Activities should be varied, not only in content, but in tempo. Activity entailing exercise and movement should be balanced against periods of singing, or sitting while watching a puppet show, or reading. In the case of very young children, games that involve holding hands are reassuring.

During the air-raid drills, the teacher has an excellent opportunity to observe her children and to note any signs of instability or of emotional reactions that vary from the child's usual responses. During the actual air raids, if there is a choice of safety areas, those that accommodate relatively small groups of children are preferable to larger shelters. If larger areas must be used, an attempt should be made to arrange children into small groups.

When the children are returned to their classrooms, some organized activity should be continued, so that their attention will remain fixed and there will be no sudden "let-down." This would be especially important in the event of an actual raid.

Before leaving this subject, let me call attention to a number of booklets of the National Recreation Association, 315 Fourth Avenue, New York City, which list recreation activities for home, school, and shelters. The association will also supply kits for these activities at nominal cost.

Many teachers are especially concerned about panic. They ask, "What can we do about it?" "How can we prevent it?" "What are we to do if a panic breaks out?" Let us consider this problem in some detail. Just what is panic? What causes it? What are its manifestations?

We can define panic as fear—sudden, unreasonable, overpowering fear, which usually comes as a climax to prolonged periods of tension. In an individual, it may be considered as the reaction to an unbearable threatening situation to which

that person is unable to adjust. In a group, it is usually produced by mass suggestion and is highly contagious.

The fear of panic is assuming great proportions in the minds of many people at this time, especially those who are concerned as to how they will react if and when frank danger does strike. They recall instances of wholesale panic reactions about which they have read or heard. They remember stories of mass panics at fires and at other catastrophes. They are afraid of what they will do if faced with panic. But they forget about the panic reactions they have already faced and overcome—panics they cannot now recall because they have been long forgotten. Panic is really not a new experience to most of us. At some time or other, even in early childhood, we experienced it and handled it successfully. It would be well to recall that although, in Britain, prior to the onset of air raids, there was considerable apprehension that they would precipitate widespread panic and hysterical attacks, this supposition proved to be unfounded. The anticipated reactions did not often occur.

X We find panic occurring in individuals whose resistance to fear has not been adequately strengthened; in those who are lacking in self-confidence; in those who have too little feeling of security; and in those who feel unable to cope with a threatening situation. Some individual panic reactions are produced by the anticipation of helplessness, injury, or death in an impending disaster. In the case of young children, fear and panic reactions are often learned from the adults around them. It has been observed in England that the amount of fear the child experiences during an air raid determines the nervous after-effects, and, as has been stressed, that fear is the direct result of the fear exhibited by the child's own mother, or by other adults who are taking care of him, rather than of the raid itself.

X What can we do to prevent panic and the accumulation of excessive fear that may lead to panic? How can we lessen the tensions that are panic-provoking? We know that there are certain factors that increase mental strain and fear in danger situations. These are (1) a feeling of isolation—of not being part of a group; (2) an inability to do anything

about the danger situation; and (3) a lack of faith and trust in those in authority.

The procedures previously advocated—the carrying on of our regular class activities, with adequate attention to war demands and activities; the organizing of groups in school so that every one has some rôle in the war effort; and the management of air-raid drills, shelter, and alert activities—all are important panic preventives. It is important to eliminate the feeling of isolation; the child must be helped to become a useful member of a group with which he can identify himself. Membership in the group supports him; it reduces dread; it enables him to use greater self-control. The loyalty for the group that good leadership helps him to develop builds up his resistance against panic reactions.

The importance of activity as a preventive measure must be constantly kept in mind. Let us take advantage of the observations made during recent bombardments in countries under fire. Those who were doing something purposeful, something to cope with the danger, were found to be less open to emotional threats. The airplane pilot who is manipulating his plane is far less liable to emotional disturbances than the observer who remains passive during a battle.

To summarize the measures for the prevention of panic, the following may be listed:

1. Maintain good physical health. Now, more than ever, the child must have adequate food. Fatigue must be guarded against.
2. Maintain normal routines in so far as possible.
3. Let the child have a contributing rôle in the war effort.
4. Aid the child to develop at least one good group relationship, and to learn the meaning of *esprit de corps*.
5. Let the example of the adults support the children. It is in the interest of the group that members show as little fear as possible, not only in emergencies, but at all times.
6. Do not encourage careless attitudes toward danger, but let the child become aware of and respect danger, so that precautions may be taken.
7. Plan for an occasional release of tension in an activity such as a noisy party or a very strenuous game.
8. Try not to let a child "stick his head in the sand"—i.e., refuse to indicate awareness of the war situation. This results only in an inability to establish tolerance to the danger situation until it is too late to readjust quickly, and to avoid an acute panic reaction.

Despite the best efforts, an occasional child will begin to scream, will dash about frantically, will attack some one in his vicinity without provocation, or will appear to be completely out of control. What should one do under these circumstances? The child has passed beyond the stage where he can respond immediately to reasonable appeals. Merely talking to him at this time is not enough; he must be removed from the group as quickly as possible. There are two reasons for this. One is that the suggestibility of the group to the individual's panic may precipitate a mass panic reaction. The second is that the child will make a more rapid recovery away from the group, and will readjust more easily to the group when returned to it.

The panic-stricken child needs some one with him who can be firm, but sympathetic and reassuring. Holding the small child will be helpful, but, in any event, one should remain with the child, talking to him soothingly. As he regains control, he should be reassured about having shown his fear. He may show some suspiciousness, but this should be disregarded. It is merely a manifestation of his guilt for having revealed his fear and aggression. He will have to be protected from blame or criticism and assisted to return to the group at that time or later. The child or the adult who reacts with panic or hysteria to threatening situations is ashamed of his loss of control and needs the sympathetic understanding of the other members of the group to be able to take his place in it once again.

A major preventive of emotional disturbance is constructive activity aimed toward mutual support and protection. Let us not, however, in our desire to get group participation, overlook the youngster who is so severely threatened by large group activities that potential anxieties are participated and the very thing we are trying to prevent—that is, emotional disturbance—is produced. Let us remember, too, that there is no need for a flurry of activity which does not give us time to sit quietly, relaxed and easy, when there is no call for activity at a particular time.

In closing, let me again emphasize that the material presented here is familiar. Teachers and other group workers have been and are carrying on most of the measures described.

They have been presented here merely for purposes of guidance, to indicate those that apply to particular situations and needs.

PRE-SCHOOL AND KINDERGARTEN CHILDREN IN WAR TIME

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WITH more and more fathers and mothers going into various types of war work, great impetus is being given to a consideration of the situation of pre-school children, who, because of their immaturity, require special care. The importance of providing such care is obvious, for at that age the structure of the personality is rapidly taking form.

A sound program of care can be built only on the combined basis of the children's physical, social, and emotional needs. In the first place, these children are passing through a rapid succession of changes. They are busy experimenting with their abilities and with the physical world about them. They are trying out their muscular strength and, when they find it wanting, filling in the lack with phantasies. They usually are in rivalry with their brothers and sisters, a rivalry that they carry over into the nursery school or play group. They are attempting to find more mature ways of getting satisfactions, but may still cling to thumb-sucking, wetting, and other infantile habits. Frustrations are inevitable, and overt rage may provide the only relief for their feelings.

We will discuss, first, the experimental strivings of young children, and proceed to a consideration of emotional aspects. Since it is easier to deal with an emotion at the time it manifests itself, we shall discuss the reactions that the child's behavior is apt to call forth in adults and the reaction that will be most helpful for the growth and education of the child. We shall also touch upon the help that teachers can give to parents.

We are inclined to admire the eager-minded adult who is anxious to learn and who seeks some explanation of the

phenomena of the physical world. Yet we feel great sympathy with a father who becomes irritable when a young child repeats his old refrain, "Why?" The curiosity that children exhibit in their questions is equivalent to our thumbing through the pages of an encyclopedia. To the children, we *are* the encyclopedia, and perhaps our occasional irritability grows out of the fact that we feel all too keenly our inadequacy for the rôle in which the child has placed us. Again, there is fun in learning new things, but often what is new to children is so old to us as to be boring. For example, it is only very occasionally that the law of gravity furnishes us with a joke, but witness the delight of the baby in his high chair when he discovers that if he pushes his spoon to the edge of his tray, it will fall off. This bit of research nets him another discovery, too, and that is that a certain adult likes him well enough to pick up the spoon each time, or places the spoon out of his reach, putting a damper on his fun.

Playing with water and dirt is very satisfying to children, and they need a certain amount of it. By keeping them too clean during this period, mothers deprive them of satisfactions that really fill an emotional need and that teach them things they need to learn. With the aid of a sand box, this play can be directed to some extent. Gardening, too, furnishes satisfaction, but the adult must remember that for the very young child the aim of the gardening is playing in dirt, not growing a crop. Paint and clay are legitimate ways of getting dirty and they afford great satisfaction, as any of us who have observed children in nursery school and kindergarten can testify.

Experiments involving gross muscular activity, such as climbing, give satisfaction if success is attained. Adults must use care, however, not to urge children to attempt tasks beyond their ability, as such attempts are bound to produce frustration, sense of failure, and unwillingness to participate further. In watching a group of young children at work with tools, we saw one little girl who happily persisted until she had sawed through a nine-inch pine board, while another who was attempting to put a screw into hard wood gave up and sat chewing on the handle of the screw driver. Urging her brought no results, for the task was too difficult.

Children should be not only allowed, but encouraged to experiment. Those who have talents are thus aided in discovering and developing them. Some children will readily make up their own dances and their own tunes at a very early age.

Whatever the form of activity engaged in, it is important for children to experience success as often as possible. They look to adults for approbation, and the encouragement they receive prompts them to take the next step in the process of growth.

One of the major needs of all children is a sense of security. Under the changed conditions of war time, the security of children at home and elsewhere is frequently threatened. Kindergarten teachers are familiar with children who cling to their mothers. Sometimes the initial difficulty of parting from the mother is rather quickly overcome, but in cases in which the child has not gained a sense of security at home, it may be necessary to wean him gradually or to get special help with the problem.

We are reminded of Marion, a bright little girl of six, who became excited and vomited whenever she had to meet a difficult situation, such as that presented by her first days at school. Her mother removed her from kindergarten after six weeks because of this, but the next term she still had the same difficulty. Marion's father was an unresponsive person, who was quarrelsome and overcritical of his family. The mother and child had formed a secret alliance from which the father was excluded. Marion was disturbed by the quarrels between her parents and felt so insecure that she clung closely to her mother. The mother, in her unhappiness, lavished all her affection on Marion, and gave her even more attention when she was ill. This was comforting and reassuring to the child, and she found it hard to surrender her symptoms and return to school.

In working with Marion, it was necessary to think of her behavior as the response to a need. Her particular needs were for affection and security. She had to know that the adults upon whom she depended were with her, no matter what happened. With the aid of a very able teacher, who gave Marion security in school, and with some help to the

mother in understanding and meeting the child's needs, she gave up her symptoms and remained in school.

In another child, bed-wetting may be the symptom which indicates that all is not well in the child's emotional life. There has been a great deal of bed-wetting among the children placed in foster homes in England, and it takes a study of each child to learn what psychological conflicts are finding expression in this way. It may be a desire for love on the part of a child who feels unloved; it may be a desire for attention; it may constitute a form of revenge against a parent who has been severe or thwarting; or it may be the expression of other more complicated and conflicting emotions.

Rivalry between children in the same family is very common and may affect the child's later social adjustment. The advent of the new child prevents the older one from receiving the continuous attention of the mother, and he begins to wonder if his mother loves him any longer. He feels that the new baby is the cause of all his trouble. If, during this period, the parents reassure him and convince him that he is still an important person in the family, he will more easily accept the new baby.

The feeling of rivalry, however, is not all on the side of the older child, for, as the younger grows, he finds that there are many ways in which the older is superior—in age, in strength, and in experience. He may seem to be in the special favor of the parents, since he can sometimes accompany them when the little one cannot. In some families these feelings of rivalry between brothers and sisters are very strong, and the child carries them over with him as he goes out into a school group. His classmates, the other members of his nursery group, are in the nature of brothers and sisters with whom he has to share the love and attention of the teacher as he has to share the love and attention of his mother at home. Occasionally, we find families of adults among whom these feelings have never been eradicated, and they quarrel and vie with one another as they did when children.

A persistence of thumb-sucking or finger-sucking is often noted in children in nursery schools and kindergartens. Studies have shown that children need adequate sucking satisfaction in infancy. If the sucking time at each feeding in

infancy is too short, the child tends to supplement it by sucking his thumb or his fingers. If the habit persists to the age of three or beyond, when other interests should have taken its place, it may mean that the child is not entirely satisfied emotionally, and is seeking solace in the infantile pleasure of sucking. When he persists in this or some other infantile form of behavior, his parents are very apt to scold or to punish him in order to break him of the habit. This often fails. What the child needs is reassurance that the adults about him sympathize with him and do not hold his shortcomings against him. Sometimes the best kind of reassurance consists of ignoring the habit and filling the child's time with interesting activities which are satisfying. For example, rhythmic games that utilize handclapping will not be resented by the child, even though they interrupt his sucking, whereas efforts to thwart him by scolding or slapping him, or the use of bitter substances on his fingers, place the parent in the rôle of a punitive agent, and make the child angry.

Very young children can be very trying to the family or to the nursery group, since they display their feelings openly and are prone to act upon them without self-restraint. They have very little of the veneer of civilization, very few company manners. Malcolm, aged three, gazed wistfully at the new naval-lieutenant's uniform worn by his friend's father, a reserve officer, who had recently been called into the service. Having watched the lieutenant until he entered his home, Malcolm called across to Tommy, with rancor in his voice, "Tommy, my daddy's in the advertising business, and that's the *real* navy."

Much of the behavior of children in the nursery school or kindergarten may be an expression of feelings that they have toward others entirely outside the school situation. We know a boy, an only child, five and a half years old, who in kindergarten took a belligerent attitude toward the other children, screamed when he could not get what he wanted from them, hurt them, and destroyed their work. His mother reported that at home Richard was disobedient, lied, and was afraid of his father. The latter was ambitious for his son to be an athlete, and had taught him to strike back at any one who

touched him. The father demanded strict obedience, and punished the child by beating him, making him stay on his knees for long periods, depriving him of candy, or threatening to leave him permanently. The mother had always restricted Richard in his play. She locked all the rooms that had water faucets and kept him from playing with other children so that he would not get into trouble. The parents had taken him to ball games, which the father enjoyed, but neither parent had shown him any affection. The boy improved considerably after he had had a chance, in the psychiatrist's office, to invent games through which he could express his feelings, which he otherwise would have had to suppress at home, only to vent them in school, taking out on other children the anger that he felt against his parents.

It is necessary, however, to use some authority with children of pre-school and kindergarten age, to protect them from harm, and sometimes as a matter of education. It is natural and normal that they should feel resentful when they first come into contact with authority. At this period we hear them say, "I hate you," or, "I'm going away and never come back." The question arises as to how much of this anger and quarrelsomeness in children adults should tolerate, as well as how much they can tolerate. Certainly when we are not physically well or when we are fatigued, our tempers are short. Then, too, a direct attack by some one, child or adult, cannot help but stir us to some extent. Those of us who have experienced the unpleasant use of authority by our own parents may find that we can brook no challenging of our authority even by a very little child. If we are fatigued, as all of us are these days, if we are burdened with anxieties, it is to be expected that we will occasionally lose our tempers with our own children and with the children in school. But the interesting thing about children is that they need the support of the adult so much that they are always willing to give us another chance. Assuring them in some way, after the storm in ourselves is past, that we don't hold a grudge is often all they need, and, sometimes, to our own amazement, we obtain a coöperation that we had not dreamed was possible.

As to the other question—what amount of anger adults should tolerate in children—it seems only fair to allow the

children some relief. In fact it is essential that we do. The effect of suppressing anger in children is not always immediately evident and it differs in different children. We have in mind an eleven-year-old boy who presented a picture of great timidity, extreme submissiveness, and inability to make decisions. The history in this case revealed that the boy had learned very early in life that it was the better part of wisdom not to express himself in anger, for he always got the worst of it. His philosophy was that it was better not to take a step than to run the chance of being hurt.

It is obvious that we cannot allow children to grow up like little savages, and the problem is to allow them some expression of their feelings and yet to teach them that striking out in anger makes for poor human relationships. We have to allow harmless substitutes and modes of expression such as children frequently find for themselves. Witness the inevitable interest in guns. At present the war furnishes opportunities for the vicarious expression of anger. Nursery-school teachers tell us that the artificial, yet realistic whistling of bombs, the falling down dead, and the imitated drone of bombers have effectively taken the place of the hearty "Hi-ho, Silver!" The use of hammering toys and the savage destruction of buildings of blocks, especially one made by an adult or by another child, are also valuable and rather direct ways of expressing feelings. Sparring with boxing gloves offers another outlet, even for four- and five-year-olds.

If the adult bears in mind that some resentment and a tendency to fight back are really normal at this age, and that the child thereby gets some needed relief for his feelings, it is often easy to divert the energy of anger into other activities. When it is necessary to hold to a point, the more calmly this is done, the less the child has to fight against. For example, when the three-year-old begs to be taken out in the evening with the rest of the family and is heartbroken at the prospect of a denial, a calm departure helps. If, in the full glare of our guilt at leaving him, we scream back at him and scold him, he has to fight not only the thwarting of his wishes, but our irritation as well, and this makes it doubly hard for him.

It is now recognized that under the changed conditions of a

war-time situation, the needs of pre-school children may not be filled, and their security and social development may be threatened, unless we do something about it. Already problems have arisen in some of the defense areas where communities have had to take in thousands of defense workers and where an ever-increasing number of mothers are going to work in the factories, making whatever arrangements they can for the care of their children. In many communities, facilities for the day care of children are already quite inadequate.

In England, in addition to the day nurseries and nursery schools, they have developed nursery centers which are described as something between a nursery school and a day nursery, with a trained supervisor and volunteer helpers. In the United States, the Children's Bureau called a conference on July 31 and August 1, 1940, which laid the groundwork for further detailed planning, and a Joint Planning Board on Day Care of Children was formed. This board brings together in its membership representatives of the professional staffs of the Children's Bureau, the Works Projects Administration, and the United States Office of Education, the three agencies that have been especially concerned with the matter of day care for children.

A subcommittee of the Children's Bureau conference, after studying standards of day care, reported that pre-school children should be taken care of in one of three ways: (1) in groups such as the day nursery or nursery school; (2) in foster homes; and (3) in their own homes by supervised homemakers, during the time the mother is away because of employment. It is pointed out that each community will have to plan for day care in the way most expedient for it.

The program for the children, whether they are in groups or under individual care, should provide at least the following:

1. Adequate protection of health, with due attention to proper diet and safeguards against contagion.
2. Physical activities that are interesting, satisfying, and properly gauged to the children's degree of maturity. These are essential both as emotional outlets and as opportunities for growth and the development of skills.
3. Opportunities for group participation, as in dancing, games, and so

on, in so far as the children are psychologically ready for such activities.

4. Encouragement of progressive psychological weaning and the correction of infantile habits, through the provision of more grown-up forms of satisfaction and an atmosphere of affection and security.

The purpose throughout should be to preserve for the child in the new situation as much as possible of the security he normally feels with his family.

The personnel for such work with children should be chosen carefully. They must be people who are able quickly to make the children feel secure with the substitute family, whether teacher, foster mother, or homemaker. With a shortage of trained workers and a rapidly increasing demand, there appears to be a splendid opportunity for volunteer service under supervision. Some training, however, is necessary. Such training should include courses in the fields of health, nutrition, recreation, and child growth and development, and in the use of social agencies. While courses of this sort are time-consuming, they are worth the time and effort, and help to insure the right of little children to security and happiness.

One problem with which those who provide day care for children will have to deal is the maintenance of helpful relations with the children's parents. In war time, the parents of very young children may show considerable anxiety. We may assume that where there is excessive anxiety, there is reason for it, whether we see it or not. A mother's anxiety may be so great that she cannot accept any suggestions regarding her child, but she is almost sure to get some relief if the teacher or home worker is a good listener who is willing to talk with her about her problems. Whatever helps her helps the child indirectly.

Finally, all of us who work with young children need to be as objective as possible. We can tolerate more of the irritating behavior of children if we are physically well and not fatigued. Rest is important if we are not to be irritable or indifferent. This paper is not offered as an easy lesson in objectivity, but it is hoped that the discussion of children's needs and a review of some of the basic reasons for friction between adults and children may help us to give the children security and a somewhat better chance to learn how to live.

ADOLESCENTS IN WAR TIME

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ONE of the most dramatic effects of the war is that young people are growing up, or at least seeming to grow up, much more rapidly than we have come to expect. This hastening of adolescent development is not peculiar to the present moment, but is observable in other situations where the need for man power is great. In more simple cultures—for example, in certain rural areas—we find boys and girls of fifteen or sixteen playing much more mature rôles than we, in our physically easier setting, have been accustomed to expect. Dependence was unduly prolonged during the depression years because of the dearth of vocational opportunities. The young person then had every reason to feel unimportant in the scheme of things. The extent of the problem of idle youth in one state was revealed in the Maryland Youth Survey of 1936, when it was found that of the sixteen- to twenty-year-old boys and girls who had left school, more than half had failed to find full-time jobs. Quite suddenly the situation has changed. There is now a real place for youth in the world, an opportunity for economic participation that was previously denied them. Every young person knows that he does count, that jobs are waiting to be done.

What is his response? The youth who last year was wrapped up in his immediate concerns, and quite lackadaisical about planning for a career, is suddenly all eyes to the immediate future. High-school teachers, who are in daily contact with large numbers of young people, tell us that he is more impatient with routines, more resistant to authority, and in many respects more difficult to deal with than in normal times. Energy wells up to carry him through whatever new tasks he may find to do; but this energy creates restlessness and tension if, for one reason or another, the road to action is blocked. At such times adults must be tolerant of the adoles-

cent's problem. Realizing how profoundly the war is altering his life and what serious strains are being added to his usual problems, we must make him aware of our understanding and support, and help him toward sound maturity.

The fact that the maturation process is speeded up does not automatically relieve the individual adolescent of those problems which are an inevitable part of growing up. Youngsters still have to suffer through the gawky stage, when suddenly lengthened arms and legs make them feel clumsy and awkward. Changing voices will still cause tactless giggles. Unusually slow or rapid physical growth will cause concern. In some cases the effort to meet the external challenge will help youngsters to work through these personal problems. But in many, the anxiety that attaches itself to these matters is only a reflection of a deeper sense of insecurity which cannot be easily resolved.

Anxieties in relation to physical development can sometimes be allayed by the simple procedure of acquainting boys and girls with the fact that individuals develop at different rates, and that puberal changes follow different time-tables. For example, the shortest boy in the class graduating from a junior high school may catch up to his friends during the next year or two. Youngsters should know these facts about development so that they will be better prepared to accept their individual patterns of growth. For children with deep-seated anxiety, psychiatric help will be necessary.

Emotional adjustments are always precarious in adolescent years. The desire to move forward and to accept the challenge of adult life is opposed by another desire, seldom acknowledged even to one's self—that is, the wish to retreat to the dependence and easier security of childhood. At present, when so much is expected of young people, this problem is accentuated, as we see constantly in our contacts with high-school students. The conflict is shown in the inconsistencies of their behavior and in the disgruntled attitude that may follow the slightest frustration. We can help them by limiting our demands upon them and by not expecting them to be more adult than they are at any given moment.

When an adolescent is unable to measure up to expectations, he is apt to consider his failure a threat to his self-

esteem. Because this self-esteem must be preserved at any cost, he will often compensate for the injury by undesirable behavior. For example, when he fails in his courses, because of general unrest and inability to give sustained attention, he feels inferior and bolsters his ego by assuming complete indifference. To an understanding teacher, a few words at the door of the classroom with such a student may reveal the sense of personal inadequacy that lies underneath the antagonism. Creating opportunities for successful performance may turn the tide. The spirit of the classroom may also help to resolve the resistance.

Teachers who are able to unite the students in their classes around projects related to their new enthusiasms can create an atmosphere in which many of these personal difficulties are eased. Those fortunate boys and girls who feel themselves part of the group, and in sufficient rapport with adults to seek their help when it is needed, stand a good chance of keeping their balance in these troubled times—and, incidentally, adults who teach or live with adolescents may find a sense of humor helpful in enabling them to accept the over-assertiveness of the young, and to relinquish their own authority at times, thereby avoiding serious impasses.

The war situation offers an opportunity to children of all ages, and to adolescents particularly, for participation that may have great value in terms of personality development. Serving a common cause gives all of us a feeling of belonging in the world, as well as experience in constructive citizenship. Development of the ability to work together, with the self-discipline it involves, is necessary in a democracy. The young person who reached maturity during the depression years did not have the sense of personal worth in the community that the child who collects essential scrap metals from his neighbors has to-day. Certainly more opportunities for participation on the part of the fourteen-to-seventeen-year-old group should be developed. Airplane spotting, collecting old metal and rubber, drawing conservation posters, helping in children's nurseries, sewing, knitting, or making bandages, learning about nutrition and first aid, and similar activities, should be utilized to engage the energies of boys and girls. We are missing a valuable opportunity for training in citizenship if

we merely assign bits of war work, for this does not make adequate use of the personal resources that many of our young people possess. Many teachers have found that allowing students to organize and plan their war work, and expecting them to assume responsibility for the details, yields excellent results. A plan that has captured the imagination of London children is to have a school "adopt" an air squadron or a battleship. The youngsters correspond with the men, send them needed articles, and in some measure share in the life of that small unit engaged in active service.

The present opportunities for gainful employment offer a challenge to the educator to devise flexible and inclusive curricula that will satisfy young people. Unless there is a real attempt to revitalize the curriculum, there will be an increasing tendency for children to leave school. For many, the acquisition of specific vocational skills necessary for the war effort will motivate school attendance. In terms of education for life in a democracy, however, it would be unsound to neglect the cultural values on which our society is built. It remains the function of education to supply the tools, techniques, and source materials necessary for truth-seeking. We cannot afford to neglect the study of literature, history, and the social sciences, because mathematics, languages, and vocational subjects assume greater importance right now through their immediate usefulness in the war effort.

Subject matter must be more closely geared to individual capacities and interests than it has been in the past. This will mean, on the one hand, more careful vocational-educational guidance, and on the other, sufficient flexibility within a given course to allow teachers to make the necessary adaptations for various groups and individuals within their classes. For some students, a more thorough academic education will be desirable. Recent experience in recruiting technical experts for service in the navy revealed that a high percentage of the high-school graduates who applied lacked the necessary training in mathematics and science.

The need of the government for more men and women with a knowledge of foreign languages is pressing. Obviously such training must start in the secondary schools at the very latest. We may find, as happened in England, that qualified

young people will need special inducement to pursue college training at this time when immediate action is so much more exciting. In our own high schools, the recent practice of giving eighth-term academic students an opportunity to learn vocational skills is fulfilling a real need. Extra work of this kind is being offered in mechanical, aviation, maritime, metal, and agricultural trades for boys. The courses in first aid, home-nursing, child-care, and nutrition offered by some high schools have special value for girls. It would be desirable to make similar courses available to all junior and senior high-school students.

In response to the war need, we find a trend toward shortening high-school and college courses by allowing students to undertake heavier programs and summer work. Educators are realizing, however, that a mere telescoping of courses without a reevaluation of content and more careful individual guidance is a wasteful procedure. The problem is less acute with those students who show special skills or abilities and an early preference in some particular direction. For these, the present curricula in the academic, technical, and vocational schools are satisfactory. But most young people even to-day need more opportunity for trying out their abilities in various fields than is provided in the specialized schools. The type of school described in the December, 1941, issue of *High Points* as "The Practical Arts High School" would more nearly fit the needs of a large section of our adolescent population.

Skillful teachers, within the framework of their particular schools and subject matter, are finding ways of dealing with some of the special difficulties encountered by adolescents at this time. The increased tension and restlessness are accepted by such teachers without undue concern, as symptomatic of the time. These symptoms may have to be treated as they are in the case of younger children—by less rigid standards of performance, shorter periods of intensive work, briefer assignments, and delimited projects covering narrower fields. Although some elementary-school methods and procedures may have to be employed, the adolescent must at the same ✓ time be given all the responsibility that he can assume. In our attitude toward him, we must treat him like the adult he wants to be, rather than like the child he sometimes has to be.

Studies will take on meaning and value wherever they can be related to the world situation—the conduct of the war, or the peace that is to follow. Full class discussion of current issues may help young people to clear up for themselves some of the intellectual confusion that has characterized many of their elders.

Periods of social stress are usually accompanied by an increase in juvenile delinquency, as was true in this country during the depression years when a trend in this direction was observed. The present employment of youth in industry or the armed forces will probably decrease delinquency in the seventeen-to-twenty-five-year group. The experience of other countries, notably England, bears this out. With the younger adolescents, on the other hand, the danger of delinquency increases in war time, and special measures for the guidance of the fourteen-to-seventeen-year group particularly will have to be taken if this danger is to be averted. One factor is the greater instability of home life that results from the employment of mothers and the departure of fathers for war and industry, which means that more and more inexperienced youngsters are left to shift for themselves without supervision. Fortunately, the community is becoming sensitive to this, and it is to be hoped that schools, churches, and other agencies will direct their programs to meet the needs of boys and girls deprived of adult guidance in the home.

Another problem arises from the fact that young people have greater personal and economic freedom without the inner stability or maturity necessary to use this freedom. The transition from the protective supervision of home and school to the working world is an adjustment that a certain proportion of our young people cannot make without help. One unstable boy of our acquaintance, who went directly from high school to a \$50-a-week job, squandered \$80 on a single party during his first month of work. This, in spite of the fact that his family was struggling financially. This may have been a temporary reaction to the deprivations of earlier years, and perhaps this boy's sense of values will change. But a too easily earned affluence may threaten the develop-

ment of healthy attitudes as much as did the lack of vocational opportunity.

For students too immature to enter industry, it is necessary to bridge this gap between school and industry. The American Youth Commission recommends the development of organized work programs for beginning workers which would provide adequately supervised work situations for training boys and girls between the ages of sixteen and twenty-one. The purpose would be to provide "the maturing experience of employment at the right time in their development," and to feed into industry individuals better equipped to take on adult responsibilities. For the more mature adolescents, the present N.Y.A. programs serve this function.

Another means of aiding the transition from school to life outside is the use of clubs and recreational groups. Participation in such groups is perhaps more important to youth after leaving school than in earlier years, when the school formed the nucleus for group activity and companionship. The success of recreational programs will depend upon the extent to which they satisfy the interests of the youths themselves, and upon the quality of the leadership. The supervisors must be willing to step aside and give the young people responsibility for the conduct of their activities. This implies the need for trained persons to act as advisers in recreational centers.

We see, then, that the education of youth assumes a new importance in the present challenge to democracy. It becomes necessary to clarify our objectives. There are some who advocate the complete diversion of educational facilities to winning the war. In totalitarian states, the energies of youth are single-tracked, and all interests and enthusiasms are subordinated to the war effort. Human beings become cogs in a vast machine, and as such must be geared to particular rôles. In a democracy, respect for human personality lies at the very core of our philosophy. For this reason, our problem is much more complex and at the same time more challenging. We, too, must prepare young people for the common task, but we must make every effort to see that this preparation constitutes an experience through which they may grow into self-directing and responsible men and women.

ANSWERING CHILDREN'S QUESTIONS

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WITH the possible exception of the harassed men and women who occupy the information booths of railroad stations and department stores, teachers are probably called upon more often than any other group to deal with a great variety of questions. Questions posed to teachers are not limited to factual content, but frequently involve attitudes, opinions, and subtle personal interpretations. Those dealing with sex, politics, and religion are recognized as arousing strong feelings. Poverty, disease, death, and war also are topics that are emotionally toned.

In war time, when emotional tensions run high, and war, death, and other subjects of this nature are uppermost in people's minds, it is important that the emotional aspects of questions be considered. This is especially important in the case of children's questions, since their attitudes may be influenced by the answers they receive. The aim of this paper is not only to discuss the answering of some typical questions asked about the war, but to draw attention to the indirect manner in which children may express their questions, the emotional interchange involved in answering them, and the advisability of allowing children adequate opportunity to discuss the problems on their minds.

From observations that have been made, it seems likely that children's questions about war may be expressed in roundabout ways. Many teachers have been impressed by the apparent indifference of children to the war, and by the fact that some do not ask any questions at all about it. With very young children, of course, this might simply mean that war is beyond their experience and has no meaning for them. They cannot ask questions about something that is totally outside the sphere of their understanding. On the other hand, in modern times it seems unlikely that even young children have not heard enough on the subject of war to

arouse some anxiety or curiosity. Nursery-school children play soldier and show so much interest in war toys and war games that we cannot assume they are oblivious to what is going on around them. Mothers intent on first-aid courses, fathers registering for Selective Service, radio broadcasts, air-raid drills, vivid posters depicting bombing, warships, guns, and airplanes, cannot be without some meaning even to children with limited experience. When children do not ask questions about the war when it is being given so much attention all around them, we cannot be satisfied with the explanation that they simply lack the capacity to understand.

Lack of interest is another explanation that has been offered. It is suggested that children relate war only to their own activities, and that while they may utilize warlike concepts in their play, they may not be sufficiently interested in the realities of war to ask questions about it. Children generally express themselves through their play, however, and if they choose to play war, it is significant. When they do not discuss the war in so many words with their teachers, their silence about it probably does not indicate lack of interest in the war activities around them so much as lack of opportunity to express the interest.

Until recently some teachers attempted to keep discussions of the war out of the classroom. When this is done, children sense that adults are trying to hide war news from them, and they may repress their questions. Adults tend to fear the effect of stark realities upon children. Questions on such matters frequently cause embarrassment to adults, and they evade the issue. Children quickly sense this disturbance and learn to avoid painful topics. We know that this frequently happens in the case of sex questions. Some parents claim that their children are not in the least interested in sex and have never asked a single question about it, yet their children frequently turn out to be just the ones who have been pre-occupied with the subject. Parental attitudes, however, have led them to sense that the parents would react unfavorably to questions about it. Thus, failure to ask questions may signify unhealthy repression rather than lack of interest. Curiosity of this kind may become so bottled up in a child that it will seek outlets in various undesirable forms.

Underlying a failure to ask questions may be anxiety and conflict. Older children, too, frequently show indifference toward the war. It may be that they view the war as a personal threat. College students have been reported as saying, "Oh, yes, the war," as if it were something completely foreign to their lives. Others have indicated that they are not in the least interested in war-time activities, but merely intent on getting jobs and settling down. These attitudes reveal an evasion which may be due to inadequate understanding or to anxiety.

Others partially evade the unpleasant subject, not by ignoring it, but by approaching it in a circuitous, roundabout way. Beating around the bush is a very common way of asking questions. We may make positive statements or ask questions about related subjects, while skirting the thing in which we are really interested.

A little girl recently seen by one of the bureau psychiatrists offered an excellent example of this. She began by stating very positively, "I know who's going to win this war." When asked "Who?" she answered just as assuredly, "We are." On the face of it, there would appear to be no question in this child's mind at all, nor any evidence of anxiety. Further conversation, however, revealed much more. Her next remark was, "I know what will happen if we don't win it," and she then described in great detail a moving picture she had recently seen.

"It was about people in a restaurant and a big horn sounded. The waiter put his head out the window and said 'Blackout.' People all started running for their homes, and some ran into a big brick building. Bombs came down and other buildings got on fire. But not everybody got into the brick building and one lady's child got killed."

This was described without evident distress, but at this point the child observed, "I didn't like to see that—I shut my eyes." Asked why she didn't want to see that part, she answered, "Because the tears would come out of my eyes." She hesitated for a moment when the psychiatrist asked her why she thought the tears would come out of her eyes, and then answered, "Because I don't want that to happen to us."

This child's initial statements by themselves would have

seemed very matter-of-fact. But when she was encouraged to express herself fully on the subject, her underlying anxiety and need for reassurance became clear. Children frequently approach their anxieties in this roundabout manner, and adults must be alert to what is really troubling them. Sometimes they do not express their problems in so many words, but reveal, through drawings, play activities, or other behavior, what is disturbing them. Thus, some children who do not ask questions directly about the war make drawings and engage in play that indicates that the war has significance for them. On hospital wards for emotionally disturbed children, many of the young patients refuse to discuss the subject of war, but it has been noted that a very high percentage of their drawings are on this topic. Normal children, when allowed to choose their own subjects in school, have shown a similar tendency to choose war.

A follow-up study of English children who suffered a severe bombardment revealed a tendency in the children not to mention the experience while they were still suffering from strain and shock. Their reactions at first were shown only through their disturbed behavior. One little girl refused to discuss the incident for a long time, although she meanwhile showed many other evidences of disturbance. Finally she was overheard describing to her dolls the harrowing night she had spent. This seemed to release her anxiety, and her other symptoms disappeared. The typical pattern of these children was to reject the experience at first by denying it and then, as they assimilated the experience, to talk about it more freely.

It is generally a healthy sign when children ask direct questions about something that bothers them, and they should be encouraged to feel free to do so. Because of the release that children get from talking about their worries and sharing them with others, it is advisable to afford children opportunities to express their questions, doubts, and confusions.

From observations that have been made, the following are some of the questions being raised by children. Primarily they want to know what effect the war will have on them. Those old enough to read about English experiences, or to understand the background of some of the young refugees who are attending school with them, are wondering if they,

too, will have to be sent away and be separated from their parents, now that the United States is at war. Children of foreign parentage, especially those of German, Italian, or Japanese descent, are very much concerned as to the effect of the war on them. They wonder if they are hated, too.

Many children just wonder who these people are, the Germans, Italians, and Japanese who are attacking us, and why they are doing it. They would like to know what the war is about. One psychologist has pointed out: "Many children are puzzled by the meaning of war. It is difficult for them to understand why men of one nation attack those of another, take their land and other possessions, kill, rob, and otherwise commit acts that they are taught are not civilized. Children think more clearly about this than do some adults, since their thinking is elemental and direct, and unwarped by many of the things that happen to adults."

The reaction of a ten-year-old girl exemplifies this. Shortly after the attack on Pearl Harbor, she remarked, "Mother, when I am mad at somebody, you tell me to try to understand why the person has done something that bothers me. You say I should try to understand the person, and you try to help me to understand the person. But why is it that on the radio, now, I hear every one talking as though we should hate the Japanese?"

Questions charged with so much realism are hard to answer.

In answering children's questions, adults are frequently brought up against their own confusion, inconsistencies, and emotional conflicts. Because of this, children's questions often represent a challenge and a threat to the grown-ups around them. When we are horrified or exasperated by children's queries, it is frequently because they bring us suddenly face to face with the fact that we do not know the answers, and perhaps they cast a little doubt on some of our basic, but at times illogical, attitudes and assumptions. Then, too, the implications of some of their questions are so profound that we are overwhelmed by the responsibility entailed in answering them, and do not know where to begin. As Mrs. Sidonie Gruenberg observes in her manual, *We, The Parents*, "parents are emotionally involved to such an extent that they are unable to answer even the relatively simple

questions which concern the children most, or to admit that they do not know. Questions about death, about sex, about money, poverty, business ethics, religious differences, race prejudices terrify us either into ominous silence or into a tone of voice that tells the young inquirer, more plainly than words, that this is a realm of inquiry somehow mysterious and not good for him to pursue." She suggests, "In many such situations, we are entitled to acknowledge our limitations; or, rather, the child is entitled to know that the grown-ups have not yet found final answers"; and she adds, "We will have to be willing to answer the child's questions in terms of other people's ideas as well as our own. Sooner or later he will discover for himself that other people think differently, believe differently, than we do on these questions. We will help him to find his way among the many conflicting answers if we are careful to differentiate in our own replies between what we *know* and what we *believe*. We may rest assured that our convictions will carry weight with our children, but they are entitled to know that other people, equally sincerely, believe differently."

This advice, addressed to parents, is also valuable for teachers. As has been pointed out in several papers in this series, teachers are parent substitutes. Next to parents, teachers are probably the most influential adults in the child's environment. His teacher's views carry great weight with the child. What the teacher says and does influences the child's emotions as well as his intellect.

In answering children's questions, it cannot be repeated too often that an honest answer is best. The detail and complexity of the explanation must be adjusted to the child's mental and emotional level of maturity, but no matter how simple the terms in which we express it, the answer that we offer must be honest. When we are tempted to evade or to distort, we should realize that it is to spare ourselves and not the child. Children seek the truth and can adjust to it, even when it is unpleasant. Their lack of experience, while sensitizing them to new impressions, acts as a natural protection against the full significance and implications of what they learn. War and death are concepts which, to the adult, are fraught with tremendous meaning and intensity of feel-

ing derived from associations of loss, sorrow, and frustration. To the child, they are likely to have little of this significance. Unless the child has had these terms brought close to him in some personal way, he has only a vague and superficial understanding of them.

The little girl who was so disturbed by the war picture she had seen was not reacting to the horrors of war and death as such, but to the one section of the picture that had a great deal of meaning for her, the part where "one lady's child got killed." She is an emotionally maladjusted child, extremely insecure and fearful of being rejected. The scenes that affected her in the picture were closely related to her own problem. Better adjusted children might witness the same picture without anxiety.

It has been pointed out that children's attitudes toward such matters are determined largely by the attitudes of the adults around them and by what the adults expect of them. Margaret Mead, discussing children's reactions to birth and death from an anthropological as well as a psychological point of view, points out how dependent their reactions are on the cultural patterns of the society in which they live. She contrasts the behavior of Samoan children, standing with their parents around an open grave, observing a post-mortem Caesarian operation, with that of children in Bali during an ordinary birth.

The Samoan children, who were allowed to watch quietly with their elders, were interested and curious, and then returned to their play discussing the scene lightly. Dr. Mead points out that this scene, which would probably horrify the average American adult, caused no nightmares, and that neither the adults nor the children were upset. In Bali, on the other hand, where folklore surrounds a birth scene with witches and dreadful harpies ready to snatch the new-born child away, children, terrorized by such tales, fall into fear-induced coma. From a wealth of observations of this nature, Dr. Mead concludes:

"Children are not maimed by contact with death or with life. They are maimed if they have to face such contact alone, or if all those around them expect them to be maimed; or if, as too often happens, their only contact with the facts of life and death comes to them in the death of a member of their own family. Unprepared to face any reality,

and suddenly confronted with its full impact in their own families, they have, of course, been traumatized, and child-guidance experts have told us of their cases. In England, also, children who have seen members of their own family injured or killed have suffered psychologically, though not to such a degree that psychiatry cannot restore them to full functioning. The simple facts of life and death, as they occur in war or peace in the community, do not hurt children."

Dr. Mead believes that we hurt children more by barring them from the community circle and thrusting them into isolation than by allowing them to share with the community whatever disasters may come. This view is corroborated by numerous examples that have recently been reported. Anna Freud describes a child whose mother told him that his father had gone to Scotland, when actually he had been killed. The child developed a serious behavior problem, and in the course of treatment, his anger at his mother for lying to him was brought to light. He would scream at her, "Liar—liar—liar! I know Daddy's dead!"

Children resent being excluded from family problems. What is more, in times of stress and unhappiness especially, they need the reassurance of sharing the experience with others and of being part of a group that is bigger and stronger and that seems better able than they to cope with such catastrophes.

Dr. Laurretta Bender, at a recent meeting, brought out this need of children for identification in war time. In their drawings of warships or airplanes, the insignia are often the most important items. Children want to be sure what side they are on and who is with them. Observers have noted that some children show a tendency to change their names, assuming the name of some one they love and admire particularly, or the pet name by which such a person calls them. Many children seem also to be clinging closer to their teachers now, and the question has been raised whether this, too, represents a need to identify with a positive force.

There is general agreement that children need the reassurance of adults and that they should not be left to face their fears alone. Withholding information from them forces them into isolation, and, instead of protecting them, deprives them of the best source of reassurance we could offer. Dr. Morris Krugman points out:

"Conflicting ideas and vague fears are more harmful for young children than a frank understanding of possible dangers. . . . As with all human beings, old or young, the element of surprise, or newness, or strangeness, is frequently worse than knowing about what will possibly happen. The expected is seldom as bad as that which the imagination has elaborated. This is one of the reasons why air-raid drills are so valuable; they overcome the surprise element and place children in mental readiness for a situation that some day may arise."

This is the kind of approach we take to other possible dangers and emergencies, and there is every indication that it is the most effective way of adjusting children to war. We do not hesitate to tell children about fires and accidents. On the contrary, we take pains to point out these possible dangers. At the same time, however, we are careful to show children how they, as members of the community, can help prevent these unfortunate occurrences. We try to make certain that they are adequately prepared to meet such emergencies should they arise. Knowing the facts about the dangers that exist, and knowing that there are ways of surmounting or minimizing them, offsets fear and panic. Familiarity with possible danger has a desensitizing effect, knowledge builds confidence, and acting things out by rehearsing the suitable modes of response to danger not only releases whatever fears may be present, but prepares the child for meeting reality.

In telling children the truth, even about unpleasant realities, we are not harming them, but are actually meeting their psychological needs. The child's own need is a basic enough reason for giving him the truth. In addition, this approach is supported by the fundamental principles of our system of education, which aims to give children the facts and to develop their capacity to reach their own conclusions. We try to offer them the background of knowledge that has been accumulated by society, to stimulate them to grow beyond this, and to add to it the new thinking of their own generation. We try not to distort the facts or to indoctrinate, but to "lead out" the child's own thinking, in accordance with the very derivation of the word "education." This is in marked contrast to the totalitarian principle of education.

Drawing out children's ideas contributes to the general culture in which they live and offers them that sense of par-

ticipation which is important in their development. In pooling their thoughts and feelings with those of other children and of adults, they learn that points of view may vary, and they have an opportunity to develop the open-mindedness and tolerance that are necessary for constructive social relationships. This enables them to gain respect for individual differences and to develop a sense of identification with the group and an appreciation of its basic goals.

THE INFLUENCE OF TEACHERS' AND PARENTS' ATTITUDES AND BEHAVIOR UPON CHILDREN IN WAR TIME

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IN the last analysis, a child's ultimate fear is a fear of adults. The child is afraid of disapproval by the adult, of punishment, of loss of love, or of separation from the adult.

The core of fearfulness in children develops out of the child's fear that he is really unworthy of his parents' love. The fearful child is too acutely aware of his badness and his shortcomings. He finds that he often has bad, aggressive feelings toward those whom he should love and whom he does love. He is sometimes torn between his devotion to members of the family and his hate for them. For example, he knows that he should love his younger brother or sister, that it is wrong to hate the newcomer. In spite of this knowledge, he is conscious of hostile impulses and is afraid that the parents will become aware of his badness and therefore remove their love and punish him. Punishment is bitter, not only because it hurts, but also because it is tangible proof to the child that he no longer has the love of his parents.

The child also feels that he is bad because he has thoughts and ideas about forbidden subjects, such as sexual matters, and he knows that he is not supposed to have any thoughts about them. He has curiosity about other children—about where they come from, how they were conceived, and how they got into the world. From the feelings of guilt and unworthiness that the presence of bad ideas and impulses

generate in him, the child develops feelings of inferiority, lack of faith in his capacity. Behind this inferiority is a lack of faith in his ability to measure up to what his parents expect of him, his dread that he is really bad and that they may discover it.

These fears in children are handled by them in an infinite diversity of ways. In some the fears become transformed into fears of robbers, bogey man, or ghosts. They gain expression in fears of animals like cats, dogs, or mice, or in fears of strange situations and people.

When the child expresses these fears of the dark, of the bogey man, or of animals, we say that he has a neurotic fear because he is afraid of something that, realistically viewed, presents no danger. Of course, if one understands the entire situation confronting the child, and if one realizes that the neurotic irrational fear is an expression of more personal fears, one sees that, from the point of view of the sufferer, the fears have a great deal of reality.

I had this conversation with Joseph, a boy of seven, who had as one of his symptoms a great fear of the dark and a bad man who might come at night to hurt him.

"If the bad man drops his disguise and mask and you recognize him, who does he turn out to be?"

Joseph answered, "My father."

"And why does father do this?"

"Because I'm bad."

"In what way?"

"I hit my brother. I don't listen to my mother. I got a bad mark in school."

"Then your fear of the bad man is really a fear of whom?"

"Of father."

"And why are you afraid of father?"

"Because I'm bad."

Ruth, who was afraid of witches, brought out the same thing in relation to her fear of mother.

John was a child who woke in terror from dreams in which a kidnaper came to kidnap and kill his little brother. He would wake in terror from these dreams and run to his brother's bed to see if he was still there.

"What does the kidnaper want to do?"

"Kidnap my little brother."

"And then?"

"To kill him."

"And then what happens?"

"Then my parents are mad at me."

"Why are they mad at you?"

"Because I used to hit him."

"Why did you hit him?"

"Because he took everything from me."

It eventually develops that what the little brother has really taken from him, besides his toys and books, is the parents' love and affection. Here the jealousy and resentment toward the little brother are expressed as oversolicitude for the brother and fear that he will be kidnaped.

While these primary fears of childhood continue to lurk in the background, as the child gets older, other and more realistic fears are derived from the external and social situation in which he finds himself. Added to his fears of the adult, and stimulating them, is the fear that the child shares with the adult. When the grown-up is fearful, the child responds with fear.

In England, although most children learned to live calmly and normally under the worst possible circumstances, some children collapsed quite completely. These were children whose mothers had developed great states of anxiety in anticipation of being bombed or after being bombed. As Anna Freud says, "These mothers used to pull their children out of bed and stand around trembling. One child stood near his mother all night, unable to leave her. The mothers imparted their own fears to their children." However, she adds that even these children, after gradual separation from their mothers and placement in good foster homes, lose their state of tension and settle down to ordinary life.

There is always a tug of war going on within the child between its tendencies to cling to mother for protection, to be dependent and fearful, and its push toward growth, independence, and exploration. When the child's relationship to its mother is good, the dependence is gradually given up and growth and maturity become possible. To achieve this matu-

riety, children require a warm, even temperature of affection from their mother. Too hot or too cold a temperature—or, even worse, sudden alternation between heat and cold—impairs this process of growth and fosters the child's tendency to cling to the parent, to fear greatly separation or loss of love, and therefore to develop neurotic fears. When the mother is irritable and harsh, thwarting and domineering, the child has a constant dread of invoking her displeasure and losing her affection. The child then clings to the mother and shows infantile behavior, which tends to bring about the very result he feared.

It has been well established from studies of many families that rejection by mothers is often accompanied and sometimes concealed by overanxiety about the child's welfare. This overanxiety causes the mother to restrict the child unduly, inhibit him in his natural push toward independence, and bind him too closely to her. At the same time, the mother tends to give direct expression to her rejection through her insistent thwarting. On the other hand, to make up for these feelings, the mother often infantilizes and overstimulates the child and, in this way, directly increases his excessive need for her.

When the tie to the mother has become too great, there usually develops an abnormal fear of the father. We naturally expect such fear of the father when he is in fact stern or harsh, but even gentle fathers are feared by their children when the tie to the mother has become too strong. This excessive tie to the mother, together with a constant fear of the loss of her love, along with the fear of punishment from the father, has a direct effect on the child's relationship to his brothers and sisters. The quite normal rivalry that naturally exists between them becomes heightened. The child has a constant urge to excel his siblings, as well as a fear that he will never be able to do so. Accompanying this is a marked loss of self-confidence and self-esteem. Because the jealousy feelings toward the brothers and sisters are so strong, the child is aware of them, is afraid that he is bad and that he will be punished for his badness. These inferiority feelings again gain expression in relation to other children and to the

tasks that confront the child. Such children are acutely fearful in any life situation, especially when danger threatens, as in war time.

If all children expressed their fears and their distress directly and openly, the task of the teacher or the mental hygienist would be a relatively simple one. He would see that the child is afraid and would try to calm the fear. Unfortunately, children handle fear and distress in many different ways. One strong tendency is to avoid fearful situations and then give as the reason for the avoidance not the fear of the situation, but preference for another situation. Thus, the boy who avoids school because of fear of the teacher, of the other children, or of the work and of his failure in the work, will tell himself and others that he avoids it in order to have more fun outside, but this is only half the truth. Another way in which fear is frequently handled is the well-known habit of whistling in the dark, in order to deny the existence of fear. Children often pretend indifference or boastful disregard in situations of which they are most afraid. In war time, children often express their anxiety by an apparent lack of interest or an irritable disregard of the war.

The child who is fearful has probably experienced a good deal of anger, irritability, sarcasm, impatience, fearfulness, or anxiety from his parents. He has received rebuffs and thwarting. The parents have been so impatient with his fumbling efforts to do things for himself that they have either ridiculed him, or have insisted on doing many things for him, as a means of getting them done faster and with less trouble to the adult. He may also be exposed to his parents' exaggerated anxiety over the dangers that confront him and from which they have too closely shielded him.

The child transfers to the school many of the feelings he has acquired at home. He tends to transfer to the teacher his attitudes and feelings toward his parents. He tends to transfer to the other pupils his attitudes and feelings toward his siblings. He tends to transfer to the work in school his feelings about his own capacities, his lack of self-confidence, and his dread of failure.

The school does not create these attitudes in the child, but it can do a good deal to heighten or to diminish them. What

the school does depends on the relationship of the teacher to the children, the atmosphere that is created among the children, and the way the school work is taught and appraised. When, in addition, the child encounters anger, irritability, sarcasm, impatience with his fumbling efforts, or even scorn and ridicule, at school, his fears and his defensive reactions against them are brought out. Because it is less distressing for the child to hate the teacher than to hate his parents, he will then not only dislike the school for the distress it brings him, but will transfer to the teacher a great deal of his resentment against his parents, and thus be able more easily to say to himself that he has no ill will toward them.

A war situation does not create anything essentially new; it merely builds up these more basic fears and anxieties and adds to them. A child who is very fearful of his parents, or of the teacher, can readily transfer some of his feeling to a fear of Hitler or of the enemy and become terrified at the possible dangers that may arise. Fear of being injured by bombs is often developed on the basis of fear of being punished for being bad. Very frequently a child's greatest fear will be that a bomb will fall on his baby brother and kill him. This is in part a translation into war terminology of a normal defense against hostile feelings. Children are often fearful of their hostile feelings toward their brothers and sisters. This frequently gains expression as an excessive solicitude for the younger one. The fact that the danger is a real one makes it easier for the fear to be expressed through this reality.

Charles, for example, was a fearful child who was afraid that Hitler's men would come at night to kill him. He was a boy who had often been severely beaten by his father because of his constant covert misdeeds. It is easy to recognize the similarity between Charles's fear of Hitler and Joseph's fear of the bad men. They were both fears of father because of guilt over bad acts and wishes. Samuel had a great dread that the Germans would come and drop bombs, that he might get hurt and lose an arm or a leg. This, too, was a direct translation of fear of punishment by father for his misdeeds. Selma was terrified the night after the report that enemy planes were over New York because of her dread that her little brother Harry might be killed by a bomb. Harry was so

small that even a little bomb could kill him easily. It is easy to recognize the similarity between Selma's fear and that of Joseph.

With this background of children's fears, we come more directly to the adult and the rôle he plays. The adult, like the child, has two types of fear. On the one hand, his fears are largely actual fears of hurt to himself and to those he loves; on the other hand, there is dread that he will give way to his fears, that they will be detected and be a source of shame and disgrace. It is quite unnecessary to contend that one is never afraid. In war time particularly, every one is afraid. It is wiser to accept and to acknowledge this fact and to try to avoid dwelling excessively on the fear.

We can all take consolation from the fact that the greatest fear is always that of anticipation. Many people in London have described their overwhelming anxiety before the big bombings of London started. Many were sure that the entire city and all its inhabitants would be blasted from the earth by Hitler's gigantic forces of destruction. There was acute apprehension among adults and children, both in the nervous and in the courageous. There was little faith in the nature of the preparations that had been made to fight this danger.

Part of this lack of faith stemmed from the fact that there seemed little opportunity to fight back. After the big bombing started, it was astonishing to find that there was actually a great diminution of anxiety. People who had been shaken and trembling before looked around and saw that life with its daily routine still went on, and found to their surprise that they had a great deal more courage than they had supposed. Timid, fearful women who had scrambled to the top of the table at the sight of a mouse, and who had looked for burglars under the bed, assumed their places as air-raid wardens, and learned to extinguish fire bombs calmly and skillfully.

Dr. Mary Burbury, of the Manchester Child Guidance Clinic, reports that those who experienced little more than the sound of sirens or distant guns tended to be much more fearful than those who had experienced heavy raiding. She says, "The fantasy, waking or dream, of the raid is provocative of a greater anxiety than the reality." There is actually

no need to fear that one will be terribly frightened even if things become much worse than can be reasonably anticipated.

Another and more subtle way of handling the shame that would come to us if people should detect our fear is to beat the others to it and to proclaim loudly how frightened we are. This becomes a type of boastfulness in order to make a joke of the fear. On the first day, when reports had gained credence that enemy planes were only two hours away from New York, many teachers kept telling each other, "I was so nervous I couldn't see straight. My knees were knocking and quaking so that I had to hold them to keep them from bruising each other." This type of gross exaggeration is engaged in to make fun of one's fear, and in this way to minimize one's shame about having it and about its detection by others. It is a particularly unfortunate mode of defense against anxiety because it does tend to affect other timid people and increase their fear. It is in a sense more dangerous than the defense of pretending that one is not afraid.

Still another way in which adults handle their fear is to adopt an attitude of irritable indifference to the situation. Persons who do this have a good deal of apathy about the war. They are annoyed at the need to do any war work or to carry out any drills. They are certain that there is no danger and that there never will be any danger. The preparations that are being made are an unnecessary and irritating fuss and bother. These people cannot stand hearing war talk. They avoid reading about the war in newspapers and cannot bear the radio. At the same time, they have a kind of apparent optimism. They express the conviction that the war will be over very soon. The Russians are beating Hitler and the Chinese and the Dutch will lick Japan. It's only a push-over, anyway, so there will be no need for a huge American expeditionary force. They seem certain that no member of their family will have to serve in the army, that in some way no sacrifices will be required and no dislocations in their life will occur. They are apparently confident that the oceans surrounding America continue to make the war something very remote that is going on in Asia and Europe, but that has no direct bearing on things in the United States. They are annoyed at the Japanese for having bombed Pearl Harbor

and for having upset all their plans about getting a new car or going to Mexico for their vacation. Sometimes this pretense goes so far that the individual practically blots out from his mind the very existence of the war. This type of defense against anxiety has an unfortunate effect socially because it tends to increase the natural resistance that all of us feel at carrying out preparations against dangers that may never materialize, but for which we must be thoroughly prepared.

The dropping of the need to pretend to one's self that one is not afraid would perhaps encourage one to drop other pretenses, particularly in relation to children. Honesty is the best policy, most of all in one's relations to children. Lying to a child often seems to be the easiest way to get something done, or to avoid an awkward situation. It is an easy victory that is always bought at a big price. If a child needs to go to the dentist, it seems natural to get him to go by telling him that it won't hurt. The fact is that it will hurt, and while telling him that it won't hurt may get him to the dentist once, it will make it much more difficult to get him to go the next time. One had much better tell the child quite frankly that it will hurt, but not so much that he won't be able to stand it, and that, besides, one will be there by his side to help him stand it.

The war brings up the question of honesty with children very directly. We all have a tendency to try to shield children from ugly realities, from truths about which we feel that they should remain ignorant until a certain age. We probably do this most of all in matters pertaining to sex. The result is that the child formulates his own or acquires his companions' very distorted views, all of which are discolored by a great deal of furtiveness and fearfulness. Children should be told the truth at a level suited to their understanding. If one is honest with a child and confides in him, he will respond by meriting honesty and confidence.

I heard a mother talking to a four-year-old child about the war. The child had been in the living room while the radio was playing and kept hearing the speaker talk about the Japs and then about Hitler. The child asked, "What is the man saying about the Japs?" The mother explained the war situation in simple terms entirely suited to the child's under-

standing. She told how some of the Japs and some of the Germans and Italians had done bad, mean, and cruel things, how we wanted to prevent them from continuing to do them. At the same time she brought out the fact that there are perfectly nice, decent Japs and Germans and Italians, that some of them, in fact—particularly those born in this country—were helping a good deal in the matter of making the bad ones powerless to work their harm. The child was entirely satisfied with the explanation and then asked if she could participate in this work.

Even kindergarten children, prior to the air-raid drill at school, can and should be told why they must go to the middle floors and wait there until the all-clear signal. They can be told of the real danger that exists and of the measures that we have taken to prevent the danger from becoming a serious one. They can be told who is fighting on our side to protect us from the danger. It can be explained that we have the drills so that when we need to, we shall be able to do our part easily and without being frightened. With older children, a great deal more can and should be told and, of course, they should be allowed and encouraged to participate in the war effort, for there is no greater safeguard against anxiety than participation. This is discussed more fully in another paper in this series.

In war time it is more necessary than ever to maintain a warm relationship between child and teacher, to instill self-confidence and to diminish fear of failure. Those children whose home life is disrupted by the war particularly need the affection of their teachers.

Why does an adult demand more submission to discipline and authority from children during a war? He may feel that the child's misbehavior is a reflection on him and is directed against him personally. In school, the child who lacks confidence in himself and who fears failure in his work becomes restless as a result of these attitudes, and escapes from work. A teacher may interpret this, not in terms of the pupil's anxiety, but as a defiance of her. In war time, the teacher's anxiety is increased and her own inner fears are heightened. A corresponding tendency to increase the pressure on the class may then arise. This is something we must all guard

against in ourselves, particularly because it is so easy to justify this attitude on realistic grounds.

What goes on in the classroom is often sharply divorced from the rest of the life of the child. Outside life often seems like an intruder that must be kept outside. Teachers have often found it hard to conduct their regular classroom work during a World Series or the day before a big football game or boxing match. Older children bring such matters into the class. They will talk about these things when they should be doing their work. This intruder can be welcomed, however, and incorporated into the regular classroom work. In war time every effort should be made to weave the war into the curriculum.

The attitude of the teacher to the parent sometimes is that the parent is some one whom you send for when the child is bad or some one who intrudes himself into school during Open School Week and causes annoyance. The need for fostering good relations between parents and teacher is never so great as in war time. Parents should be informed in detail about school plans and school drills, told why they are held, and reassured that the school is making every provision for the safety of the children. The enlistment of the coöperation of the parent in these plans and the diminution of the parents' anxiety, which would otherwise be transmitted to the children and brought into the classroom, can be gained only through giving the parents understanding and participation.

At present, there is no place in the regular course of the school week for teachers to see parents. Such a period might well be considered as necessary as a period devoted to arithmetic or spelling. One could wish that every teacher might have the opportunity every week during the regular school time to devote herself to parents as a group, and to meet them not in the presence of the children.

When we turn our attention to the school children, we find it proven repeatedly that their morale is shaped by that of the adults about them and is a reflection of it. Children who have had a good relationship to adults, particularly their parents or teachers, and whose parents and teachers have stood up to events, have taken war experiences in their stride. As one English child psychologist said, after a very severe

bombing in London, "We are continually astonished by what we see about us. Our conceptions of how people would react under such circumstances are continually refuted. We have seen plenty of evil in the world, but one can only have respect and admiration for human beings." She goes on to tell how one Monday morning, after a dreadful night raid, one of their staff walked through the streets, which were filled with wreckage, and did not see one person whose spirit seemed crushed. "It is hard to believe," she says. "It sounds too unreal. Such facts we are meeting all the time, with children even more than with adults."

THE SCHOOL'S RÔLE IN DEVELOPING MORALE

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MORALE has been facetiously defined as "what makes your legs go when your head says you can't." This implies such a powerful and impelling incentive that you are able to accomplish with zeal what you once would have thought was impossible. This does not give as complete a picture, however, as does a recent article in the *Journal of Educational Sociology*,¹ which defines morale as "an attitude toward group goals expressed in appropriate action." This implies groups, and definite common objectives toward which they are working together. It necessitates a leadership that breaks down petty, personal indifference and resistance, and unites all the individuals in a group through a contagious zeal in working for a common cause.

Many classroom teachers have given this sort of leadership to children because their professional training and experience have made them skilled in the techniques of instilling loyalty, group coöperation, desirable social reactions, and an interest in service—whether to the family, the classroom, or the community. In organizing the war effort, schools are one step ahead of most community organizations because teachers

¹ "Principles of Morale Building," by Gregory Bateson and Margaret Mead. *Journal of Educational Psychology*, Vol. 15, pp. 206-20, December, 1941.

have these skills, schools are fully accepted, and school groups are readily formed, are accustomed to working together, and are eager for a chance to help in the war program. From now on, schools, already somewhat in the center of community traffic, will be increasingly in this position, with pupils, parents, community agencies, volunteers, and others intent on protecting children.

How can we meet the unusual responsibilities thrust upon us by a common danger? By what means can we stir each individual who comes in contact with the school to exert his maximum effort for the welfare of all? In other words, what is the special and unique contribution of teachers to the war effort? The answers to these questions are no longer covered over with vague generalizations about "education for democracy," but are found in a real program for a militant democracy, forced by sudden world situations to shift abruptly from theorizing into action. This action will involve some educational "business-as-usual," but it will also mean rapid adjustment to rapid changes in the life about us, which will have a marked effect on families, schools, and communities.

Already, since the United States declared war, we are aware of the high-lighting of new emphases and definite, though distant, goals. Before December 7, many of us continued to believe that our own lives would go on in their usual patterns. Even in Hawaii where, for the past twenty years, there has been vague talk of danger from Japan, this seemed so remote that definite thinking and planning for disaster situations did not start until after Pearl Harbor. There is still in our midst some of that same unrealistic attitude.

There is also an exactly opposite attitude—one of confusion and anxiety that blurs clear thinking and thwarts normal achievement on the job. In between these two extremes, there is the state of mind of people who are facing the reality of the present, knowing that they are frightened (and most of us will be frightened), but trying to keep alert and ready for any emergency and to adjust to such new modifications in our life situations as we must accept from week to week.

Each day brings added realization that for large numbers

of our population the normal way of life is already being drastically upset. This is true of children as well as adults, for children's behavior is largely a response to the adults in their environment. We know that many of the problems of school children spring from their homes, where the tensions are going to be much greater because of the war situation. We need to think through and to plan carefully the part the schools will play with parents as well as pupils.

Large numbers of men who are being drawn into defense industries are learning new skills and changing their working hours from day to night shifts, as well as moving to strange cities to live in congested areas near factories where their work is needed. Moreover, as the fathers and older brothers join the armed forces, many anxious, lonely mothers are left behind to bear the burden of the sole management and care of their children, and increasing numbers of these women will be pressed into industry both for patriotic and for financial reasons, as workers for war production and as breadwinners for their children. Many households must adjust to cramped living quarters and endure added frictions and tensions—some entirely new and others much intensified by abnormal reality situations. Already social agencies in many sections of the country are reporting increases in delinquency, runaway girls, and "door-key children" (children locked out of the home until their mothers return from work). The shortage of trained social workers and depleted agency budgets for meeting the present needs complicate the situation.

Teachers are in a strategic position to observe the results of physical fatigue, undernourishment, and general tension and unhappiness among pupils in school. They should be aware of children's acute reactions to physical separation, especially from fathers who have gone suddenly, or mothers who may be forced by the war situation to be out of the home. Children may also feel deprived and unloved by their parents when the latter are anxious and preoccupied. One of the most serious problems with young children will be adequate care in nurseries or foster homes. To be left with a grandmother, an aunt, or a neighbor, as often happens when the mother works, may result in traumatic experiences that leave their mark on children's personalities. Some mothers will consider tempo-

rary institutional placement as a way out. Teachers should be on the alert for these situations and know of all the day nurseries or nursery schools to which they can refer parents. Any mother seeking to place her child either in a foster home or in an institution should be referred to a family or a children's agency.

The schools will also need concrete information about where to turn for temporary relief for families not previously known either to public or to private agencies. They should be able to direct men and women to the Federal employment offices, to enlist the aid of the Red Cross for communication with men in the armed forces, and to secure clinical care for serious problems of mental or physical health. In this connection, it would be helpful for the principal, or some other designated member of the staff, to become acquainted with one person in each agency who can be called upon in an emergency and to whom parents can be referred. Another paper in this series has described the compilation of a directory that has been prepared specifically for use by schools.

To an already overworked staff, such extracurricular duties may sound like a great additional burden, but just as facilities are being made available to production managers for the increase of war output, so extra services should be offered to the schools to meet emergency needs. The London schools, at first appalled by their unusual war-time burdens, soon developed practical plans that worked; and they worked because they were geared to community needs and were vitalized and carried through by the enthusiasm and the coöperation of many groups. Dr. Martha Eliot's report on children in war time England¹ gives interesting accounts of the part played by teachers and their joint activities with doctors, social workers, clinics, and volunteers. These groups will play a vital part in the defense program.

Volunteers assigned to schools should be supervised by teachers and others of the professional staff, and should have clearly defined objectives and limited functions, in harmony with the whole educational program. It is important that

¹ *Civilian Defense Measures for the Protection of Children; Report of Observations in Great Britain, February, 1941*, by Martha May Eliot. (Children's Bureau Publication No. 279.) Washington: Government Printing Office, 1942.

volunteers recognize the need to protect confidential material, for clinical workers frequently meet in their patients extreme conflicts between the desire to talk over their troubles and the fear that what they say will not be regarded as confidential. To those who are not experienced in handling human problems outside their own family circles, there is often the temptation to go too far, either in listening to or in trying to solve family problems before referring the client to professional agency workers.

Many troubled adults in the community will turn first to the school rather than to an agency. Of course, it would be desirable for professional members of the staff to handle such interviews, but if this is not possible, a selected and supervised volunteer might gradually be trained to do a modified receptionist's job. To an anxious, confused person, the mere pouring out of one's fear, either real or imaginary, is often helpful. It is essential for each school to have at least one person who has time to offer such adults a patient hearing, with calmness and reassurance. Anna Freud, who worked with English children placed in foster homes during evacuation, describes the diminution of the mothers' fears when they had confidence in the person responsible for their children.

Another important service for the school to render during war time is protection against trouble-mongers and enemy propagandists. We all are familiar with the efforts made during peace time by those who ask lists of residents' names from the school to use for their own purposes. Disturbing and false information is sure to be disseminated in many communities. Much can be done to allay fear and to negate false reports or half truths that may be spread by propagandists who play upon people's latent fears and hostilities. Realizing that in war time we cannot know the whole truth, let us try to protect school communities against insidious propaganda. As far as possible, put susceptible, disturbed, more-feeling-than-thinking adults in touch with those who will give information that is factual and reliable and who will also proceed to further protective measures when these are indicated. Thus we can help to dispel conflicts instead of creating new ones.

If we go back to our definition of morale as "an attitude toward group goals expressed in appropriate action," we realize that we are going to need to be sensitive to the problem of parents, not merely because they are individuals who are unhappy, not merely because they will influence their children's adjustments, but because any instability on their part will endanger the group goal of maximum and effective performance of all for the good of the community as a whole. Parents should be kept informed of the school's program. They should see well-integrated plans and harmonious relations among the school staff; they should feel that the school is interested, not only in their individual trouble, but in their positive contribution to the war cause. Parent-teacher meetings, discussion groups, and opportunities for adults to express their feelings and to share their problems with one another, will help to keep them steadfast. Some of our schools have already organized committees on morale, with joint monthly meetings of parents and teachers. Many others are outlining positive programs for parent as well as child morale.

The adults in our school community should know the real issues in the war, the realities for which we are fighting. How else can they endure with equanimity the emotional and material deprivations to which they will be exposed? Just as our government is trying to have its soldiers know what they are fighting for, so our second line of defense, which includes the parents of school children, needs to be informed. They need to be fired with such enthusiasm and zeal that they will be willing to undergo hardships for the common welfare. The schools can offer a real service by participating in adult education, by knowing of available courses and directing parents to them.

Another real need in many of our school neighborhoods is additional recreational facilities for adults. We all know how tension is increased by emotional strain and deprivation, and how we tend to search for escape through action or through phantasy and music. The Negro slaves wailed their spirituals, and sailors, their songs of the sea, to offset the monotony and hardship of their existence.

Bulletins from Britain record an interesting interview with

Jessie Matthews, the English actress, who played for three months in Birmingham, England, during the *Blitz* season. During this time she lived in a blacked-out dwelling from which each day she had to take a different route to reach her playhouse because of devastation from bombing. In the pantomime production of *Aladdin and The Wonderful Lamp*, which was most popular with the audiences in these war-rocked sections of England, the genie's job was to report an "alert" signal by marching on to the stage with a placard saying, "You may go to the shelter or remain to the end of the performance at your own risk." The audience usually remained until the fairy in the play gave the signal, "all clear." "So far as we were concerned," Miss Matthews stated, "the fairy announcing the good news was the heroine." Their most successful entertainments were those that ignored the war, since all needed brief respite from the harsh realities of the fighting atmosphere.

As in England, so in the United States, we shall need more recreational outlets for adults. This has been recognized by our government through its promotion of, and coöperation with, the U.S.O., which provides centers for the recreation of soldiers on leave. It has also organized large groups of professional workers and volunteers who act as entertainers, handicraft teachers, and hostesses in their own homes, as well as at the centers.

As we have implied before, meeting the needs of parents is important for three reasons. First, the schools have an unusual opportunity to help them for their own sake. Second, the war needs stable citizens. Third, in war time, as in peace time, the behavior of children in school reflects the attitudes of their parents. The teacher with thirty-five children in the classroom faces each one against his own background, and the vivid sense of what has happened in his home that very day and on many days preceding it. Often she will be the one adult who can counteract the fear and the confusion engendered by his disturbed parents.

The adjustment and carry-over from the family circle to the school group is important, not only because the teacher is in the place of a parent, but because the other pupils are substitutes for his brothers and sisters. Hence, to the boy or

girl from a bickering and unhappy home, school may provide more wholesome relationships and experiences which will counteract some of the destructive influences of the home. One difficulty, of course, with such a child is that he may have been so hurt in his early family experience that he may isolate himself, or be isolated by his fellow pupils because of his inability to develop acceptable relationships with them.

The teacher, skilled as she is in handling social relationships in the classroom, has an unusual opportunity to draw the unfriendly maladjusted child into positive and satisfying activities. In terms of morale-building in the classroom, the teacher thinks first of the pupil's need for security and release from anxiety. She also keeps in mind his need for self-expression, for participation in the group, for regular routines and, at the same time, for variety and flexibility in the program.

Younger children especially should feel that the teacher is there to give support when they need it. They wish her to be proud of them when they show increasing independence, initiative, desire to grow up, and acceptance of separation from their parents.

Extra concrete duties should be assigned to the children whenever possible. They are particularly important during air-raid drills or other times of danger. Some children may be given responsibility for counting the group, or for watching the rear of the line. One usually stable child may take by the hand and look after another who is likely to be disturbed. A small group of pupils in one of the classes for retarded children was observed recently as they helped the teacher to tape the windows. Their interest in this project and their pride in being a part of planning for defense were obviously most satisfying to them.

Tolerance may be developed through discussion of the many peoples and many countries united in a common cause. In the School Page of the *New York Sun* for January 12, the following headlines appeared: "War Hate Found Among Pupils. Educators Seek Ways to Avoid Facile Generalizations of Enemy Peoples." Teachers need to be clear and objective in their consideration of racial differences. We know that our heterogeneous population has been one of our

country's greatest strengths, and the public schools have been a most potent influence in assimilating and unifying children of foreign birth and parentage. While we recognize that there are certain dangers inherent in the presence of individual Germans, Italians, and Japanese who are still loyal to their fatherlands, we can also see advantages in the presence of so many citizens of alien countries who reject the cruelty and intolerance of the Axis leaders. The line-up in this war is not on the basis of race, creed, or color, but of ideologies, philosophies, and basic attitudes toward the rights of human beings. As with so many other issues, arbitrary rules will not develop desirable attitudes. Children's understanding and tolerance must stem from adults' basic acceptance of the fundamental values and needs of human beings, and from a real appreciation of the way in which all cultural backgrounds enrich community life.

If the teacher is able to create an atmosphere of harmony and enthusiasm for independent thinking in the classroom, a feeling on the part of pupils that she likes them and is interested in their ideas, she can bring up many of these serious questions for consideration by the class, and through her leadership, develop among the students socially desirable attitudes and behavior. Far beyond and above conformity and accumulation of knowledge, we need to stress open-mindedness, independent thinking, initiative, and self-direction, so as to equip our children with the stability and the capacity for leadership that will be needed for the post-war period. This is a real challenge. The first act of belligerent dictatorships has always been to close every educational institution associated with freedom of thought and action. We, on the contrary, wish to increase their number and the richness of their contributions.

In time of crisis, the normal freedom of the classroom will have to give way to a stricter carrying-out of instructions. One high-school teacher described a carefully planned air-raid drill. In preparing her class, she made it a most serious occasion, discussing what has happened in other countries, and emphasizing the responsibility of every individual to make the utmost effort to feel and think and act in such a way as to contribute to the common welfare. She stressed

implicit obedience in times of danger. The results were gratifying. Children whose behavior was at other times most upsetting became exemplary. This meant morale, or "an attitude toward a group goal expressed in appropriate action."

Another story from a school supervisor shows the need of relaxation for small children after a period of restraint, such as in air-raid drill. Some twenty-five kindergarten pupils went through the drill, with every child a model of obedience and control. As soon as they got back into their own rooms, however, there began a perfect frenzy of activity, the children rushing about, several pounding the piano, others yelling and mimicking one another, or running up to clasp the knees of the supervisor, who had stepped in to congratulate the teacher. The latter was completely bewildered by such unusual behavior until she and the supervisor realized that it was merely a reaction from the tension and strain imposed in the drill.

War crowds out nonessentials and high-lights the real values in life. Real values are human values. War threatens these human values both in the physical and in the spiritual realm. We know that food is a necessity of human life. Do we also recognize that nourishment and growth are as important for the mind as for the body? We know that shelter is a necessity. Would we recognize emotional security as of equal importance? We realize that people must have clothes. Are we able to see warmth and approval and some kind of cover-all in human relationships as equally necessary? Our present war situation will attack human needs and human values as violently as enemy nations will attack our nation. Just as a beleaguered country develops all sorts of defense to protect its essential needs, so our community is trying to salvage human values.

We in the schools cannot prevent all the injury that the war will inflict on children. But we can at least decrease and soften some of the blows through sensitive understanding and sincere efforts to meet the emotional needs of individuals and groups. This will help to build morale.

SOME MENTAL-HYGIENE ASPECTS OF INTERVIEWING

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INTERVIEWING parents has always been an important function of school personnel. Under the present war tensions, parents are turning more and more to schools as the centers of community life. Not only has the number of interviews increased, but the complexity of the problems has become greater. Parents who had always taken the safety of their children in school for granted now wish to reassure themselves by frequent visits to schools. Many parents who had developed confidence in their ability to handle their problems within their households now show a tendency to bring these problems to the school, especially if they pertain to children. At the same time, the war tensions are reflected in the children, and the school personnel, sensing their great responsibility, are seeking more contact with parents. All of these situations call for use of the interview and knowledge of community resources.

In times of stress many barriers are broken down, established concepts are reevaluated, and institutional practices undergo change in the light of new experience. Both school and home are learning that by coöperating more completely, each can make a greater contribution to the education and the adjustment of children. In this effort, more and more personal contact between school administrator and parent becomes necessary. Group methods have been proposed, but important as they are, they are not entirely effective, since each parent feels that his or her problems are of vital importance and, in many instances, can be solved only by personal discussion. Individual contacts, therefore, become more frequent, and interviewing takes on added importance as a tech-

nique. There is a limit, however, to the number of interviews any school can have. The number necessary, the length of each, and the results achieved will depend greatly on the skill of the interviewer and the techniques employed.

The interview is not merely a conversation between two people. It is complex, because each individual's motivations, goals, drives, feelings, and prejudices are profoundly intensified. In addition, each interview has a specific goal to be achieved. In this paper only a few aspects of interviewing will be discussed, particularly the attitudes of the interviewer, the attitudes of the person interviewed, and some special conditions and techniques. Some suggestions will be made regarding the use of community resources.

During this war period, many extra assignments have been given to school personnel. The great increase in the number of parents who wish to discuss their problems adds a further burden. At times, schools will find it almost impossible to meet these demands. Immediate problems will seem so overwhelming that it will be natural to postpone or to eliminate as many of these interviews as possible. From a long-range point of view, however, schools will probably find it more economical to learn how to shorten the time of these interviews, and to lessen the need for them by the use of tried techniques, than to attempt arbitrarily to limit their number.

The first important attitude is the desire to see these troubled parents because of the opportunity it presents to assist them through this difficult period. Frequently, when such an attitude exists, a very brief interview will be sufficient. More time may be spent in attempting to avoid an interview than would be needed to conclude it successfully. It is of the utmost importance to remember that the goal is to help children through assisting their parents. If this principle is kept in mind, one need not worry about one's attitude; that will take care of itself. At times, it will be practically impossible to see parents when they come to school, occasionally even in spite of a definite appointment. This will be accepted by the parents if the school personnel's reputation for willingness to help has been established.

The interviewer must constantly keep in mind the need to develop and maintain a positive relationship, and in this

relationship the person interviewed must gain the feeling that he is talking with some one who not only wishes to see him, but is willing to listen to him. No matter how distressed or angry the person interviewed may be, it is essential that the interviewer be able to accept him. It is always safe to assume that his distress or anger has an adequate explanation. When we come to know his whole situation, past and present, we frequently find little or nothing that is blameworthy, and we acquire sympathetic understanding of his difficulties and respect for his ability to meet them. Unless the interviewer is inclined by disposition and training to give the client a feeling of acceptance, the latter is apt to withhold essential information and to resist the efforts of the interviewer to help him understand and solve his problem.

The interviewer must avoid, as far as possible, any display of prejudice and must be on his guard against giving the impression of prying into personal affairs unrelated to the specific problem under discussion. These are hackneyed admonitions, but sometimes, in spite of the best of intentions, they are difficult to follow because of the interviewer's own personality make-up. Nevertheless their importance cannot be overstressed. An honest attempt to gain insight into one's own prejudices, even though not completely successful, will go far toward improving one's interviewing technique.

In order to establish a positive relationship, the interviewer must convey to the person being interviewed that he counts as an individual and that his feelings are at all times respected. Such an attitude tends to put the client at ease and makes for the establishment of a subtle rapport that is indispensable for the success of the interview. Supplemental aids—such as privacy, a comfortable chair, and the absence of distracting influences—are helpful, but the essential of an interview is good rapport. Many an excellent interview has taken place in a school corridor, and many a poor one in a luxurious interviewing room.

There is an erroneous concept that the goals of an interview may be achieved more quickly and efficiently by asserting authority, impressing the client by being very busy when he arrives, or by "putting him in his place"; this defeats the purpose of the interview because it antagonizes or humiliates.

There is a widespread belief, also, that it is a good idea to have people wait so that they may "cool off." The fact is that waiting is annoying, particularly to an anxious, hostile, or inadequate parent. The longer he waits, the more angry is he apt to become, thus imperiling the success of the subsequent interview.

Professional interviewers are frequently asked by school people for specific formulæ for conducting successful interviews. Unfortunately, there are no rules that can be applied universally. Two experienced interviewers, using entirely different techniques, may both have success in their interviews by virtue of their different personalities. Regardless of their own personalities, they are adhering to the general principles of mental hygiene and their knowledge of psychology in dealing with people.

Two of the most difficult attitudes encountered in interviewing parents at school are anxiety and hostility. The following¹ is a condensation of a report of an interview between a school supervisor and a parent who showed both these attitudes:

"Mrs. Jones burst into my office with her daughter Jane, aged fourteen, who is in the 6B. She was obviously irate and screamed, 'I won't be treated like a dog! I'm no dog! . . . That teacher slammed the door in my face. I only wanted to tell her that the boys in the class should have let Jane alone.' Mrs. Jones continued her accusations without stopping.

"I had talked with Mrs. Jones a number of times before, and had learned from experience that nothing could be accomplished until she was permitted to say her piece and quiet down. When she paused, I told her that I was glad she had come to me as I was the one to help her, and then asked her if she would tell me just what the trouble was. At this, she started to scream again. I smiled and proffered a chair. She sat down and jumped up a number of times, but finally remained seated. She kept on talking, waving her arms, and clenching her hands, but gradually her voice became more controlled, her movements less active, and her posture more relaxed. She finally said, 'Well I don't suppose you can do anything about the boys who annoy Jane, nor about the teacher who slammed the door in my face.' I told her that the regulation, requiring a pass before being permitted to enter the classroom, was for the protection of all the children in the school, and that meant protection for her own daughter. I told her that we all had great respect for and interest in her because she was the mother of one of our children. Mrs. Jones smiled a little guiltily and said, apologetically, that she

¹ This report of an interview was submitted by a school supervisor in a course at the Bureau of Child Guidance.

should have secured a pass before entering the room. She was reassured about the omission.

"She then proceeded to tell me in much detail about Jane's troubles. She began by relating them all to what others did to her in school: the boys were always teasing Jane, always hitting her and calling her names. I was interested in how Mrs. Jones felt about her daughter and let her finish without interruption. Then I asked her some questions with reference to Jane's getting along at home and in the neighborhood. At first, Mrs. Jones was a little protective, but she seemed to gain confidence because I did not criticize her. She then told me of all the difficulties she had at home with Jane. When this was finished, I remarked that we had also observed these things and that it was our impression that Jane was encouraging the attention of boys, that she was not putting forth very much effort, and that her attendance had not been good. Mrs. Jones admitted that she could do little with Jane at home; she was very disobedient and some days refused to go to school. Many times it was very difficult to get her up in the morning.

"We went over many things about Jane at home and worked out some plans which would tend to make Jane feel more secure in the family situation. Indirectly I endeavored to convey to Mrs. Jones her responsibility in assisting Jane at this time, and indicated that she should not expect too rapid improvement.

"It was hard to realize that the Mrs. Jones who left my office was the same one who had entered. She still seemed a little anxious, but her smile had warmth, and her expression of confidence in me seemed very real. She asked me if I would apologize to the teacher for her hasty anger.

"All this happened last term. Jane has not been absent since. We were able to interest a social agency in the family and to aid Jane in joining a recreational center."

While skill in interviewing on the part of the school personnel is helpful and, in many situations, may be all that is required, some problems are so complex that the aid of outside agencies must be enlisted. This is one of the most frequent problems faced by principals, teachers, and school guidance workers in interviewing parents, and to do this properly they must know the community resources and the types of agency available for school problems. To meet the problem at hand, they may require a family agency, a child-placement agency, a special type of clinic, or any of the great variety of community organizations. In war time, they will have to be familiar with the special agencies organized to meet particular problems growing out of the war. It has been our experience that the *Directory of Social Agencies*, published by the Welfare Council of New York City, an indispensable volume to social workers and other specialists in guidance and social work, is, because of its size and comprehensiveness, not particularly suited to the needs of schools.

So many agencies and institutions are listed in this directory that the busy school executive seldom can find the time to locate the special agency needed. Furthermore, this volume is intended for Greater New York and outlying areas, a factor that adds to its size and complexity.

For these reasons, the Bureau of Child Guidance has formulated directories for each borough, including only those agencies which have agreed to accept cases referred by public-school administrators, and whose functions are suitable to the needs of school children and their families. For purposes of ready reference, agencies are listed under the following general headings:

I. Services for Children

- Child-guidance and mental-hygiene services
- Day care—information services
- Family services and relief
- Foster-care services
- Health services
- Protective and correctional services
- Recreation services
- Special remedial services and adult education
- Vacation information services
- Vocational services

II. Community Planning

III. Index

Under each of the ten categories, the agencies are further subdivided into three groups: Information Services, Board of Education Departments, and Other Community Resources. Further to facilitate the use of the directory, a careful index was made. In the description of each agency an effort was made to describe the services available and the steps necessary to obtain them.

Although it is not the purpose of this paper to exhaust the subject of interviewing, which is a highly technical one, or to describe fully the uses of social agencies, these few practical aids are offered to help meet an expressed need of school personnel. There are no specific formulæ for interviewing, but the basic procedures include the recognition of human dignity, the art of listening, a knowledge of the drives and needs of human beings, and the ability to keep the interview directed toward its goal. It is a combination of these that leads to confidence in the interviewer and makes possible a successful interview.

PSYCHOLOGICAL WEAPONS OF WAR

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PSYCHOLOGICAL weapons of war are by no means new. They have been used since the beginning of time, not only by man, but by the creatures who preceded man on this planet. When a relatively weak and small prehistoric monster managed, by virtue of the possession of a few more brain cells, to overcome a larger and better armored specimen, by one trick or another, it employed a psychological weapon and managed to survive by means of it. When prehistoric man, who was no match physically for the animals about him, developed extensions of himself by way of clubs, slings, and, later, bows and arrows, he was not only using these implements, but, rather, was devising methods of overcoming his disadvantages by the use of his brain. When primitive man utilized blood-curdling war cries, donned war paint or horrible masks, or cloaked himself in the skins of vicious animals, he went a step further in utilizing psychological weapons of war; by these means he intended to instill fear in his opponents, to create panic, to disorganize his enemy and weaken his fighting power, and at the same time to bolster up his own courage.

Modern psychological methods of warfare differ from the ancient only in subtlety and complexity. Their purposes are similar. The enemy's weak spots must be discovered, and there he must be struck; his energy must be dissipated on irrelevant matters, so that his war effort will be slackened, panic will be created among the civilian population and the fighting forces, and conquest will be made easy. Various devices are used to lull the enemy into a state of complacency, so that he will become an easy prey; groups within the enemy nation are set against one another; leaders are discredited and confidence in them destroyed; and in many other ways, the objectives of primitive man—to disorganize the enemy, instill fear, create panic, and weaken his fighting power—are carried out.

Stripped of all the trimmings, war has always consisted of the attempt of one group or one nation to gain control over and dominate another for its own gain, and of the group or nation singled out as the recipient of this attention, to resist such attempts. The present war is no exception. Whatever may be the origins of this war, the fact remains that the Axis nations are embarked upon conquest on a grand scale, and the Allied nations are determined to resist conquest. Conquest, or resisting conquest, cannot, of course, be achieved by words or ideas only. But words and ideas are, nevertheless, as essential to the winning of a war as are physical implements.

In this war, more than in any other, psychological weapons, especially those used by the Germans until recently, have been instrumental in conquering one European nation after another. It would be ridiculous to maintain that these methods would have been effective without arms. But it is just as ridiculous to maintain that arms alone could have brought about the almost complete subjugation of continental Europe. France boasted the finest army in the world, and the Maginot Line was the strongest border barrier in existence. France was beaten not by sheer force of arms, but by psychological methods.

Overwhelming arms may gain single battles, but will not win a modern war unless supplemented by psychological weapons. This is particularly true if the opposing nations are more or less evenly matched in arms. When that is the case, methods of gaining advantages involve psychological implements. Psychological weapons, while ineffectual without supporting arms, operate in effect as additional armaments to those actively in existence. Some day, it may be possible to determine how many soldiers, guns, tanks, and planes Germany would have had to add to her existing fighting strength, had she operated without psychological weapons.

It is important, therefore, to understand fully both the offensive and the defensive aspects of psychological warfare. Offensively, the basic psychological weapon is fear. Fear operates as a paralyzing agent. By one device or another the idea is conveyed to the people of the other nation that the would-be conqueror is invincible; that he has so vast an army

that resistance to aggression is hopeless; that he possesses new secret weapons against which there are no effectual methods of combat; and that one's own army is hopelessly outclassed. The result is a paralysis of action in the attacked nation. Resistance becomes half-hearted; production of war material lags; confusion takes the place of organized war effort; and the attacker wins cheap victories.

The methods of spreading fear are manifold. Rumor is one of the most effective of these. Individuals friendly to the attacking nation circulate various stories to gullible, unsuspecting, thoughtless people, and before long the story has been repeated to many others, and, in each case, elaborately embellished. In disease, we know that some innocent people are carriers who transmit the disease to those about them without realizing it. The same applies to rumor carriers. Their innocent spreading of malicious rumors can be even more effective than stories spread by people known to have friendly leanings toward the enemy, because these rumor spreaders are not suspected.

Rumor is not the only means of spreading fear. A method commonly used by the Axis nations is that of false news reports. Sometimes these news reports emanate from the Axis nations themselves, and sometimes from so-called neutral sources. They usually deal with victories that never took place, with ships that were supposed to have been sunk, with campaigns that are about to be begun, when, in actuality, campaigns are planned elsewhere, and the like. Usually such news reports are designed to mislead, to frighten, and to confuse the opposing nations. Often they are designed to elicit information by obtaining denials, hoping the proof will be given that their contention was wrong.

Another effective method of creating fear is to create doubt and anxiety by so-called leaks of news from "reliable sources." The victim of an attack is told confidentially that an attack is coming at a certain period and on a certain day. Any thinking person would realize that an attacker does not, as a rule, warn his victims about the precise method, time, and place of attack, but in a state of anxiety, people do not stop to think about such things; they become panicky and unable to resist adequately, especially when times and places

are changed. When the attack does come, it comes at an unexpected time and place and resistance is weak.

The use of surprise is one of the most common methods of creating fear. This method usually involves lulling the victim into a false feeling of security by one means or another, and striking when least expected. The Japanese attack on Pearl Harbor while negotiations with the United States were in progress, and assurances were being given that peaceful means of settling the dispute would be found, is an example of this method.

Suspense is a device commonly used to create fear. Possible attack is held over the victim nation's head like the Sword of Damocles. Impossible demands are made, rumors are spread, false news reports are given out, and tense situations are created, allowed to die down, and re-created from time to time. In other words, a war of nerves is initiated, fear and confusion result, and the nation's resistance is lowered.

An example of the "war of nerves" technique is the device used by the Germans before the fall of France. Encamped before the Maginot Line, they broadcast to the French soldiers happenings behind the French lines, telling them what their officers had said or done that day—items of information that the French soldiers knew to be true—or just before dinner announcing the French menu, or the program of an entertainment about to be given, and in other ways indicating that they knew to the last detail what was going on in France. This type of broadcast proved very unnerving to the French soldiers, and, although one can hardly attribute the fall of France to such tactics, they did have considerable effect.

All these and other methods of arousing fear and undermining the nation's fighting power are carefully coördinated with fifth-column operations within the victim nation. In addition to these methods, dissenting groups within the nation are aroused ostensibly for patriotic purposes, but really to create dissention and distrust of the national leaders, because a divided nation cannot fight effectively. Newspapers, magazines, books, and the radio all play their part in these disruptive efforts, which frequently seem very plausible to the unsuspecting. Added to these disruptive efforts, overt acts of

sabotage play an important part, not only because of the actual damage done, but because of the fear aroused and the uncertainty created.

Fear is, of course, not the only weapon employed in psychological warfare, but with all its ramifications, it is one of the most important. In this discussion, possibly the word "fear" has been used in too wide a sense. Anxiety, uncertainty, lack of confidence, insecurity, and confusion involve many other complex factors, but if they have one element in common, it is fear. The discussion of fear has, of course, been oversimplified, but in these days it is essential that we get down to simple fundamentals. It is essential that we understand what the enemy is attempting to do, and to know clearly what we can do to keep him from doing it. The Axis nations are anxious to reduce the effective fighting power of the United Nations. They wish to do this at the smallest cost to themselves. Psychological methods can contribute considerably to the achievement of this goal, although this method must be backed by armaments and fighting men. The Axis nations, therefore, use these methods, in effect, actually to do the job of a considerable force of soldiers and armaments, at ridiculously low cost to themselves, but at tremendous cost of men and material to the nation attacked. What methods of defense are available against this type of warfare?

The best antidotes to fear, barring neurotic forms, are knowledge and understanding. Psychological warfare aims to confuse. Whatever clarifies, whatever prevents confusion, counteracts fear, anxiety, uncertainty, and insecurity. It is, therefore, important that we know clearly what we are fighting for. The army understands this well, and its training of officers and men includes study of the backgrounds of the war, of democracy, and of Fascism. An understanding of these results in a willingness to make sacrifices for victory, and in the ability to accept temporary defeat without great discouragement, because of faith in ultimate victory. Such understanding enables one to discriminate between enemy propaganda and fact, and to refuse to yield to panic when a war of nerves is being waged.

Not only is it necessary to know clearly what one is fighting for, but one's willingness to sacrifice for the war effort is

considerably increased if one is taken into the confidence of the national leaders and supplied with as much information as is feasible without supplying information to the enemy. Naturally, much information must be withheld from all but a few, but a complete withholding of facts from the nation, or misrepresentation, will serve the purposes of the enemy. In fact, one of the well-known psychological tricks of the Axis powers is to distribute untrue stories of victories by other nations, relying upon the ultimate discovery of the untruth of these stories, with the accompanying disillusionment. In line with this, another device frequently used by Axis nations is to spread stories of unrest, discontent, and poor conditions in their own countries, raising false hopes among other nations and causing a diminishing of the war effort. Axis propaganda about the weakness of Japan had this effect in England and in this country before Pearl Harbor, and even after that for a time. It took the fall of Singapore to bring England and the United States to the full realization of the Japanese strength. Only when we realized the true situation could effective measures for winning the war be taken.

The dissemination of knowledge not only has defensive value, but can be used offensively as well. The Axis nations thrive on ignorance. It would be fatal to the totalitarian cause for their populace to gain access to the actual situations, both in their own countries and in those of the opposing nations. The Axis nations have been very efficient in preventing information from seeping through to the populace, and in building up resistance to such information, if it does get through, by thorough indoctrination, especially of its youth. Nevertheless, this is one type of offensive warfare that will have to be engaged in by the United Nations. Here, again, this alone will not win the war, but it is an essential aspect of modern total war.

Schools play a quiet, but vital part in psychological warfare. Other papers in this series have dealt specifically with many aspects of this subject, so that only a few examples of the school's rôle will be cited here.

The methods used to combat enemy propaganda will of necessity have to consider such factors as age, intelligence,

social maturity, grade, emotional stability, and the community in which the child resides. Each school should undertake to develop a council of teachers and older students to develop a two-pronged program of "positive" and "negative" information. Under the latter, direct attack on the Axis program as outlined above can be undertaken. A "bureau of information" consisting of students under the direction of interested teachers, can assemble clippings, pamphlets, books, pictures, cartoons, and so on, for reference by their colleagues. A "bureau of misinformation," which would collect anti-democratic propaganda, analyze it, and then juxtapose it with the facts, can serve as a medium for answering questions.

A weekly mimeographed paper stressing "our side" of the story would aid in giving children a feeling of belonging to a strong positive group which is *doing something*. It will put them on the "serving" end rather than on the "receiving" end, into which position they were placed by the Axis propagandists.

Dramatizing in assemblies and in the pupils' daily classroom experiences the positive aspects of democratic life will strengthen their security and lessen their fears, as they begin to see concrete evidence of the workability of democracy.

Games and picture-card devices which impart an appreciation of our heroes of the war will enable the children to identify themselves with these heroes. Such identification makes for greater security and a lessening of anxiety. The adoption by each class of an American military unit, such as a destroyer, an air squadron, a tank brigade, and so on, will further strengthen this identification. A feeling of belonging to, participating in, and identifying with the war effort will lessen the chances of the Axis planters to sow seeds of confusion, lies, distrust, and distortions among the children of our schools.

Visual aids can serve the purpose of tolerance in this struggle. Writing on the blackboard the names of such heroes as Kelly, Levine, Bulkley, O'Hare, and others should be pointed evidence that this titanic struggle is being fought by all groups, and that the enemy does not differentiate between minorities on the battlefield, in the skies, and on the seas. He looks upon us as "Americans all." Lessons in tolerance do

not require philosophical treatment, but can accomplish their objective by reference to the contributions of all groups.

Above all, educators must remember that children tend to reflect the attitudes of teachers and parents. An undemocratic classroom breeds contempt and disrespect for the practical aspects of democracy. On the other hand, a democratic teacher, whose principles of democracy and mental hygiene are put to work in the class situation, need have little fear that her children will react like the end-products of a totalitarian educational system. Living in a democratic manner and teaching in accordance with democratic principles will develop truly American attitudes, feelings, and concepts.

These and many other devices at the command of the teacher can serve our cause. Methods of approach as well as content will depend upon the ingenuity of the individual teacher and the school staff. The objectives of these procedures are identical with those of democratic education in general. They aim at a clearer grasp of our part in this war; a greater appreciation of the principles of democracy; a reinforcement of the security of pupils; and the preservation and development of wholesome personalities in our children.

BOOK REVIEWS

A STUDY OF THE PUBLIC MENTAL HOSPITALS OF THE UNITED STATES, 1937-39. By Samuel W. Hamilton, M.D., Grover A. Kempf, M.D., Grace C. Scholz, and Eva G. Caswell. (Supplement No. 164 to the Public Health Reports.) Washington: Government Printing Office, 1941. 123 p.

This is a document that is packed from cover to cover with important information on the standards of care and treatment in the mental hospitals of the United States. It is a summarization of the survey that was made in 1937-1939 under the sponsorship of the following eight organizations: The National Committee for Mental Hygiene, the American Psychiatric Association, the United States Public Health Service, the American Medical Association, the American Board of Psychiatry and Neurology, the American Neurological Association, the Canadian National Committee for Mental Hygiene, and the Canadian Medical Association.

Mental-hospital administrators, trustees of hospitals, and state-department heads of agencies in charge of psychiatric institutions will find this document an invaluable measure of their policies. Governors of states who are charged with the responsibility for the care and treatment of their citizens who suffer from mental illness can read the pamphlet with profit to themselves and possibly to their wards.

The objects of the survey, as outlined on page 3, have been achieved. It evaluates the several points noted. The answer is not a particularly cheerful one. The question that now arises is, What is to be done about it? One of the organizations sponsoring the study is the American Psychiatric Association, which represents the psychiatric thought of the country. In the light of the situation as revealed in this survey, the association has a definite responsibility placed directly in its hands. On the basis of this report, some attempt should be made by the organization to approve those hospitals which measure up to its standards and to disapprove those that do not. A failure to receive approval may spur states to correct those conditions which are clearly shown in the report.

The picture drawn of American hospital psychiatry is encouraging in that some states have made notable progress toward higher standards. But as yet there is no standard that prevails throughout the country. The report states:

"There can be found the widest range of adequacy in mental institutions. Some are well-planned, soundly built, efficiently equipped, well-

staffed, supplied with an intelligent and loyal personnel, and indeed prepared to do for the mentally sick all the things that are known to be beneficial. On the other hand, there are wretched institutions, poorly planned, ill-constructed, unrepaired, operated by ignorant officers, and devoted to the theory that the public service belongs to whatever political faction may be in power and that the welfare of the patient is of minor importance."

The challenge to the psychiatric world is clearly to exert every effort to bring these standards up to a common level.

Surveys in themselves are a waste of time and money, except as they stimulate state and national groups to action. Therefore, it is to be hoped that this excellent study of the mental hospitals of the country will not be left to accumulate dust in libraries, but will actually be the start of a movement that may strongly, but surely, bring up the level of psychiatric care to the point where our mentally ill citizens will receive the same skillful scientific care and treatment as do their physically ill brothers. The realization of this hope depends upon the willingness of the leaders of American psychiatry to accept the challenge thrust upon them by this report.

The report contains many interesting tables with explanatory texts. These tables will be of great value to the statistically minded. One is impressed by the fairness of the report. While there is no attempt to minimize the situation or to gloss over the worst spots, the authors have not humiliated individual institutions which, in many cases, are what they are through no fault of those in charge.

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THE MARCH OF MEDICINE. Edited by the Committee on Lectures to the Laity, of the New York Academy of Medicine. New York: Columbia University Press, 1941. 154 p.

This book, the sixth in the series presented by the New York Academy of Medicine under the title "Lectures to the Laity," consists of six essays by six well-known professional men.

The book opens with Dr. Alan Gregg's learned discourse on humanism, a salutary plea to the doctor as well as to the layman to remember that there is more to the treatment of illness than laboratory science alone. Dr. Gregg reminds us with great depth of feeling that pure science offers little to allay the "patient's fear, anxiety, shame, and uncertainty." He points again to the fact that without a depth of cultural knowledge and intellectual maturity, it is almost impossible for the young doctor to cope with the "bewilderment and loneliness and anxieties of illness." This essay should be required reading for medical students.

Dr. Sigerist's stimulating, illuminating, and all too brief biography of Paracelsus makes this man newly significant to the twentieth-century student. It is noteworthy that some of the reforms in medical education for which Paracelsus fought have been brought about, such as improvement in techniques and therapy, especially those methods that involve the use of chemical remedies. Dr. Sigerist brings out with particular force, however, that many of the problems with which Paracelsus dealt remain unsolved to-day. "We have accumulated a large number of scientifically established facts. . . . But we need a philosophy to connect the facts." This is one of the gaps in scientific medicine that psychiatry and mental hygiene are constantly trying to fill.

In the essay entitled *Psychiatry and the Normal Life*, Dr. Healy makes a beginning in outlining the attempts of psychiatry to supply to medicine the humanistic qualities whose lack has been stressed in the articles by Gregg and Sigerist.

The only chapter in this book that is not written by a physician is that by a Doctor of Philosophy, Irwin Edman, who, in a delightfully written essay entitled *Philosophy as Therapy*, points out that his "Doctor" title is his by "historical seniority," an older title than that of the Doctor of Medicine. Following the line of thought developed in the first three chapters, he presents some gentle and pleasing opinions on philosophy as therapy, urging the physician to be more of a social philosopher than most of us are. He does not, however, offer much help as to how a physician could develop a knowledge of useful therapeutic philosophy, or as to just which philosophical approaches the physician might best employ.

In *The Promise of Endocrinology* Oscar Riddle gives a masterful presentation of recent accessions to our knowledge of the physiology of the pituitary and reproductive systems. He reveals in straightforward and comprehensive terms the extensive interrelations between the endocrine glands. The brilliant developments in this field lead him to conclude that "(1) natural . . . law rules in the living world and in our external environment; (2) man is a higher animal; (3) all men . . . are created genetically *unequal*." He closes with some stimulating thoughts about the possible joint future of endocrinology and psychiatry.

The final essay, by Francis Carter Wood, deals with the current state of our knowledge about cancer. He outlines all too briefly the story of the investigations into the causes of cancer. He points to the successes of radical surgery, but leaves us with a clear picture of the limitations of this method of treatment. Radium and X-ray, both in the rôle of therapy and of carcinogen, are discussed, but Dr. Wood devotes too little space to a discussion of chemical or physio-

logical carcinogens, especially those compounds that are related to or that resemble many of the endocrine products.

On the whole, this series is a most successful attempt at the popularization of some current trends of thought both in the art and in the science of medicine. Dr. Gregg's and Dr. Sigerist's essays especially express with force and clarity the signal lack that most psychiatrists feel in the usual medical approach to the sick man.

EDWIN F. GILDEA.

MARGARET C.-L. GILDEA.

New Haven, Connecticut.

THE FOUNDATIONS OF NEUROPSYCHIATRY. By Stanley Cobb, M.D.
Baltimore: Williams and Wilkins Company, 1941. 231 p.

This is the second, revised and enlarged, edition of Dr. Cobb's little book on neuropsychiatry, previously known as *A Preface to Nervous Disease*. The first edition appeared in 1936.

I have not a copy of the first edition at hand for comparison, but having read it at the time it appeared, I am under the impression that the second edition follows in general the same lines. It presents in simple terms those teaching aspects of neurology about which there is probably the most general agreement. Moot points are mentioned, however, and the author takes his stand on a number of them without going into the details of all the arguments for and against.

At the time the first edition came out, I was unable to understand how a final chapter on psychiatry could be properly included in a book with the title that this had. The second edition apparently has made an effort to avoid this rather patent practical difficulty with a new title, *The Foundations of Neuropsychiatry*. But unfortunately for the author's effort at maintaining an eclectic attitude toward psychopathology, his bias is indicated by the first sentence in the chapter that deals with the subject: "From the simple, perhaps naïve, mechanistic standpoint to which I adhere, psychology is a subdivision of physiology." It would be unfortunate for students of psychopathology and psychiatry if their teaching were to be founded on the material of this final chapter. Note, for example, the following inconsistencies. On page 207, one finds the following paragraphs:

"There has been a recent trend in psychiatry away from classifications and exact diagnosis. This had the advantage of focusing the attention of physicians upon the social background of their patients, their intimate history, and the genetic development of the illness. It has had the disadvantage of making physicians relax their clinical acumen to rely for diagnosis on social workers and long, sometimes inaccurate agency reports. Moreover, diagnosis becomes vague, for no matter how smartly

and graphically a psychiatrist may sum up the 'total situation' in a paragraph, it neither approaches totality nor is it a diagnosis.

"Aberrant human behavior does not fall into certain types of reaction which can be called 'symptom complexes,' 'syndromes,' 'disorders,' or 'diseases.' I like best Meyer's idea of 'reaction types,' believing that the behavior observed by the psychiatrist is the result of the environmental press upon that particular individual as he is constituted by inheritance and the current events of his life up to that moment."

On pages 218 and 219 appear the following paragraphs:

"More than half of the beds in mental hospitals are occupied by patients suffering from schizoid and affective psychoses. These two groups, schizophrenia (dementia praecox) and manic-depressive psychoses, are of unknown etiology and are, therefore, sometimes called 'functional.' This terminology, however, is thoroughly misleading because it suggests that the disorders are psychogenic, the term 'functional' being often misused thus in discussions of the neuroses. Physiologically speaking, functional change means a change in bodily state that is reversible and may return to the 'normal' or average state of the organism. In neither case could the 'functional' change be part of a gene or chromosome, for structure is inherited, not function. Since these two psychoses are the ones best known to be inheritable, they cannot possibly be 'functional,' in any sense of the word.

"Although in typical cases these two types of psychosis are quite different and easily separated nosologically, the 'typical cases' really are nothing but the extremes of a continuous series of variables. In other words, if cases with purely manic-depressive symptoms are put at one end of the series, and cases with purely schizophrenic symptoms at the other, the space between can be filled in with a long series of cases which are mixtures: near one end will be examples of depression or mania with 'schizophrenic coloring,' near the other, schizophrenia, with depressive elements or cyclic mood swings. There are a few cases described where the symptoms are entirely schizophrenic, but run in cycles. In the midzone of this series are a mass of cases that cannot be diagnosed as either schizophrenia or cyclothymia, and must be classified as both, i.e., schizo-affective psychosis.

"Taking these observations into account, it seems to me that one must logically admit that the two 'diseases' are fundamentally one and that mixtures are more common than 'typical' cases. Another important similarity between the two is that both are commonly inherited and that no other form of mental disorder seems to be hereditary except those associated with epilepsy, with certain types of feeble-mindedness and some rare cases with inherited endocrine disturbances. The type of inheritance, however, seems to differ, the manic-depressive gene being dominant and the schizophrenic being recessive. As in epilepsy the cases with the greatest genogenic elements seem to be the most difficult to treat."

What this amounts to is that on page 207 the reader is cautioned against the error of allowing his clinical judgment to trail off into inaccuracy through disregard of diagnostic criteria, while on pages

218 and 219 the thoroughgoing evidence of numerous excellent psychiatrists—not all of them Kraepelinian in the strict sense of the term in any wise—is thrown out the window in favor of that vagueness in clinical acumen which had been previously condemned. If it is true that a series of cases can be constructed with manic-depressive symptoms at one pole and schizophrenic symptoms at the other, the space between being filled in with a long series of admixtures, the same could be said about the construction of a series of cases with manic-depressive symptoms at one end and any type of neurotic symptom at the other, or with schizophrenic symptoms at one end and neurotic symptoms at the other; yet the author has not concluded that the manic-depressive psychoses or schizophrenic psychoses and the neurotic reaction are in any wise “fundamentally one.” Furthermore, the most convincing evidence he presents for the underlying similarity between schizophrenic and manic-depressive reactions is the heredity factor, but in the next breath he states that the heredity factor in the two illnesses is quite different. This looks to me as if the mechanistic standpoint in psychiatry were having a hard time to justify itself.

The author's definition of paranoia as “suspiciousness organized to an incapacitating degree” is misleading. Paranoia is not to be equated with suspiciousness, although suspiciousness may be present in it.

These are only some of the outstanding and obvious sources of difficulty for the student who is entering upon the subject of neuropsychiatry and is in search of sound bases for approaching the problems of human behavior. Actually the short, thumb-nail descriptions of psychopathological performances have considerable merit. They are clearly stated, but the obvious psychogenic difficulties that contribute to the onset of the psychopathic states, and the essential psychopathology of these states during their progress, are touched upon only in the briefest fashion, if at all. There is a clear bias toward the mechanistic standpoint to which the author declares he adheres.

In short, this reviewer still sticks to an impression, gained over some years, that the basic material of psychiatry and that of neurology are still far apart and must remain so to a large extent in the very nature of things, since the whole is not to be understood by an understanding of its parts. To this reviewer, the study of neurology is a study of a “part function,” and the study of psychiatry is a study of the organism as a whole. A final chapter dealing with psychiatry in a textbook on neurology might properly be entitled *The Neurological Foundations of Psychiatry*.

WENDELL MUNCIE.

*The Johns Hopkins Hospital,
Baltimore, Maryland.*

NERVOUS AND MENTAL DISEASES FOR NURSES. By Irving J. Sands, M.D. Fourth edition. Philadelphia: W. B. Saunders Company, 1942. 354 p.

Dr. Sand's illuminating and stimulating presentations of psychiatric thought and practice are well known. That his book for nurses has already reached its fourth edition is an indication, quite to be expected, that it has been helpful to many pupil nurses—and probably to many graduates as well—who seek a solid and well-arranged volume.

In the preface to this edition, Dr. Sands states that developments in psychiatry and neurology, as well as new facts and data accumulated since the last edition, made revision necessary. New material includes a careful presentation of shock therapy, the four forms described being insulin, metrazol, nitrogen, and electric shock. Sodium-amytal treatment is the only form of prolonged narcosis mentioned, and it is slipped in at the end of the section on electric shock. Psychoanalysis gets a well-arranged presentation of fifteen pages, and psychobiology, three.

Since perfection is the goal of all textbooks, we may point out some directions in which this volume might, we think, be still further improved.

The title connotes an unpleasant gift. We dislike, also, the term "violent patient"; it is out of place in a nursing textbook. Patients in general hospitals, when in labor, in great pain, or in delirium, are somewhat noisy, overactive, and restless; they may attempt to do harm to themselves or to others; they may not "keep still" when requested to do so; but they are not referred to as "violent" in obstetrical, medical, or surgical textbooks. One wonders what the phrase "vegetative-like" conveys to pupil nurses and whether actual descriptions would not be more helpful. There are screens "to prevent excessive mosquitoes." But an occasional lapse in syntax is perhaps to be expected in any volume.

There are frequent references to patients' requiring "commitment" to a mental hospital when all that should be said is that "admission" to such an institution is needed. Some one has forgotten that a state hospital has been known to take in more than half of a year's admissions on a voluntary basis. Again, one finds the statement that no one should be allowed to become fatigued mentally or physically. Since such prevention is actually impossible in human affairs, one may wonder if the human being is not really a better person for becoming fatigued at times. Symptoms are mentioned and the taking of nursing notes is advised; the nurse is not told, however, why she should observe and note the particular symptoms.

The traditional bathing ritual of American hospitals is presented. Nothing is said of giving prolonged baths in a cheerful room with a view of the sky and the treetops, and perhaps without any continuous flow at all. One notes in one passage wise counsel about how to grasp a disturbed patient, but finds in another an intimation that one should "approach" such a person only to seize him.

Some of the statements made seem to the reviewer not borne out by clinical history, and one hopes that Dr. Sands will give them further critical study. Perhaps the trouble is that sweeping, unqualified statements are made where actual statistics show exceptions that run to a half or more of the cases. For instance, we find the statements that dementia precox is always chronic and always malignant and terminates in dementia; that catatonia, if recovered from, recurs sooner or later; that general paralytics suffer from delusions of wealth and power. There are gross errors in the compressed historical review—which may be due merely to chronicler's myopia on the part of those whose professional work has all been in the state of New York.

This volume is packed very full, and while the author has shown good judgment in his selections, one finds some sections more satisfying than others. The relative value of a textbook depends to a great extent on the purpose that it is intended to serve. If this one is supplementary to a lecture course, it will save much note taking. If the lectures are given to student nurses in the early months of their course, the first two chapters will be helpful to them in understanding the biological sciences. If the book is intended for those whose training has not been very recent, its details about basic nursing procedures may be warranted, but a student nurse experienced enough to be assigned to ward duty probably knows already such points as that instruments used for intravenous treatments must be sterile. Care of the skin, the prevention of pressure sores, the elimination of urine and feces, attention to nutritional needs, are basic in the nursing care of all patients and should be familiar to the pupil nurse from earlier sources. When it comes to special techniques, however, the detailed presentations of this volume are well justified.

A well-chosen list of references for further study follows each chapter. They include standard books and magazine presentations. Many of them are recent, and they are numerous enough to provide variety.

This volume we think will be most useful if treated as a book of reference in a nursing-school library.

MARY E. CORCORAN.

SAMUEL W. HAMILTON.

*United States Public Health Service, Division of
Mental Hygiene, Washington.*

THEORY OF OCCUPATIONAL THERAPY FOR STUDENTS AND NURSES. By Norah A. Haworth and E. Mary Macdonald. With a Foreword by Sir Robert Stanton Woods. Baltimore: The Williams and Wilkins Company, 1941. 132 p.

Many textbooks both by Englishmen and by Americans can be read by the alien reader without the consciousness that the author's daily contacts are quite different from his own. This seems to be especially true of medical subjects. Fortunately there are few places in this book where there is a possibility of any confusion. It is chiefly the bibliography, the list of supplies, and certain forms of report that will cause American readers to feel themselves strangers.

The history of occupational therapy is disposed of somewhat summarily as a part of the introductory chapter. Chapter 2, *Occupational Therapy in Mental Disorders*, is brief, but quite adequate, conforming to the principles and practice in use in this country. Section II of this chapter, entitled *Occupational Therapy in Mental Nursing*, points out how the nurse may aid and supplement the work of the therapist, where, as so often happens, the latter has not sufficient time or enough assistance to keep in touch with the whole hospital population.

The first step is to make a scrapbook, and the brevity of the directions for this operation are well supplemented by a number of diagrams. The description of the scrapbook begins with knitting and merely lists the stitches required, referring to several books on needlework for the technique. The same plan is followed for crocheting, plain needlework, simple embroidery (with two pages illustrating embroidery stitches), weaving samples, rug samples, cord knotting, basketry, and so on. Samples of work for men follow. It is only when we come to chair-caning that full directions are given as well as illustrations. The chief criticism to be made of this chapter might be its lack of specific directions, and the reliance placed upon references to other publications. War-time conditions may have made this necessary, but a number of the works of reference are not well known to American readers.

Chapter 3 deals with occupational therapy in the treatment of tuberculosis and cardiac disease, and Chapter 4, with the treatment of orthopedic and surgical cases. These discussions, again, are brief, but quite adequate and are supplemented to an unusual degree by illustrations, many of which are in the appendix.

The book is an excellent one, forming a real addition to the literature on occupational therapy, yet it can hardly be recommended for

use in training schools in this country unless supplemented by much personal instruction.

W. R. DUNTON, JR.

Catonsville, Maryland.

THE 1940 YEAR BOOK OF NEUROLOGY, PSYCHIATRY, AND ENDOCRINOLOGY. By Hans H. Reese, M.D., Nolan D. C. Lewis, M.D., and Elmer L. Sevringhaus, M.D. Chicago: The Year Book Publishers, 1941. 856 p.

For the information of those who are not familiar with this volume, it presents brief summaries of the outstanding articles in the fields of neurology, psychiatry, and endocrinology during the year of 1940. These résumés are accompanied in many instances by tables, diagrams, or photographs which add a great deal to the value of the book. The articles are surprisingly well condensed, and the book offers a means of covering a large literature rapidly, but possibly rather superficially.

The editors make little or no attempt to comment on or to evaluate the material presented. Each section is introduced by a special article. Dr. Reese writes on the history of scalping and its clinical aspects. Dr. Nolan D. C. Lewis outlines the pluralistic approach to psychiatric research. Dr. Elmer L. Sevringhaus discusses endocrine disorders of the female reproductive system.

For the information of those who are familiar with this series, the 1940 edition, as befits a fortieth-anniversary volume, is, in the estimation of the publishers, the largest, the best illustrated, and the finest yet issued.

HAROLD F. CORSON.

The Austen Riggs Associates, Stockbridge, Massachusetts.

MULTIPLE HUMAN BIRTHS. By Horatio Hackett Newman. New York: Doubleday, Doran, and Company, 1940. 214 p.

This book on twins and other types of multiples has been prepared mainly for the general reader, to give systematic and reliable answers to the scores of questions that are persistently asked by the interested layman, as well as by all sorts of professional people. Nevertheless, it offers ample justification for the author's claim that it may at the same time be regarded as sufficiently detailed and comprehensive to meet the demands of a scientific audience.

Indeed, there are very few workers in the field of human heredity who would seem to be better qualified than the author for introducing the important theories and controversies about twins to the general public. He has spent a lifetime in collecting and studying special

types of twin pairs, and it will be readily apparent, especially from the sections on the cause, frequency, and desirability of twinning, that this book has not been written by armchair methods.

Of course, since the author is a zoölogist, it is not surprising to find that the only weaknesses of his book lie in those brief sections that deal with the genetic determination of immunological variations and the inheritance of pathologic human traits, particularly of mental disorders. The statement, for instance, that "it remained for Rosanoff to demonstrate conclusively by the use of twins that dementia praecox surely has a hereditary basis," seems, at least, exaggerated. For the protection of this investigator, it may be fair to mention that not even he himself has made such a pretentious claim, apart from the fact that he now prefers to emphasize the significance of cerebral birth injuries in the incidence of schizophrenia as well as other types of "hereditary" mental disease.

In discussing the immortal heredity-environment problem—unfortunately still rather controversial even in our presumably so disillusioned present generation—the author tries to take an intelligent and objective middle-of-the-road position. It is in this particular field that both the author and modern twin research have been able to make their most important contributions to science. It is shown at length how the twin technique is used in analyzing the respective shares that hereditary and environmental factors have in determining a great variety of differences in the development of physical and mental characteristics, and the author's own material of normal twin pairs reared apart is certainly admirable and of indefinitely great scientific value.

The life stories of these special twin pairs are so subtly written and critically evaluated that they would be sufficient by themselves to classify this new book on twins, in spite of its tendency to popularize the subject, as highly commendable to every worker in the social and natural sciences who is interested in psychological, sociological, and powerful forces.

FRANZ J. KALLMANN.

New York State Psychiatric Institute and Hospital.

SEX IN DEVELOPMENT. By Carney Landis and others. New York: Paul B. Hoeber, 1940. 349 p.

Data obtained from exhaustive interviews with and physical examination of 153 normal women and 142 female psychiatric patients form the basis of this most excellent study of the growth and development of the emotional and sexual aspects of personality. The project was originated and directed throughout by Dr. Carney Landis; all

the interviews were conducted by Dr. Agnes T. Landis; and the Committee for Research in the Problems of Sex, of the National Research Council, Washington, D. C., rendered financial assistance.

The responses of individual women to previously prepared and standardized questions were taken down verbatim, and the interviewer made every attempt to elicit full and complete reports and encouraged additional replies until they became utterly irrelevant. The information forms, vital statistics, evaluation scales, and inter-scale relationships are given in detail in the appendices.

The authors then attempted to evaluate the importance of the involved and complicated subject of psychosexuality in psychopathology by studying the growth and development of emotional and sexual patterns of personality in the two groups of women. The psychologic investigations were supplemented by physiologic, anatomic, and medical data.

According to the authors, Havelock Ellis may be recognized as the pioneer scientist in the field of sexual psychology. R. L. Dickinson, from the records of many years of practice in clinical gynecology, added, in collaboration with Lura Beam, a collection of precise data both on the physical and on the psychologic side of sexuality. Malinowski contributed to the field of sexual development as an anthropologist and sociologist; while Mead contrasted the course of sex development among girls in Samoa with that of adolescence in our own society. The first formulation of a dynamic psychology of sexuality was made by Breuer and Freud. Davis employed the questionnaire, Hamilton the interview method, while Dickinson and Strakosch tabulated material from medical and psychiatric case histories and reports.

The main source of information of the present study was the controlled interview. The authors were pleasantly surprised at the ease with which they were able to obtain so much relevant information by direct questioning, but they readily recognized that part of the material reported by the subjects as factual was, in all probability, phantasy. Although the subject may have confused phantasy and fact, psychologically they were of equal significance.

After a complete and satisfying discussion of materials and methods, analysis of the data is undertaken, and there follow chapters on early background, adolescence, adult sex practices, adult personality traits, marital adjustment, physiological and anatomical factors, the normal course of development, the psychiatric patient, the homosexual woman, the unhappily married woman, the masculine-protest type, the psychopathic personality, personality structure and function, sex education, and psychopathology and psychotherapy. At

the end of each chapter an excellent discussion summarizes the findings. Conclusions are drawn with admirable restraint and unwarranted claims are not made.

The book is not a primer for the guidance of newly married couples or for the adjustment of sexual difficulties among married people. It is a serious study of the growth and development of the emotional and sexual aspects of personality.

The present reviewer believes that this is a truly scientific study and an important work that must not be overlooked by any serious student. He is inclined to class the book as a definite milestone in the collection and analysis of data on sex.

WILLIAM F. MENGERT.

University Hospitals, Iowa City, Iowa.

MODERN MARRIAGE. By Paul Popenoe. New York: The Macmillan Company, 1940. 299 p.

This is the second edition of a book that appeared originally in 1925, the purpose of which was to provide a popular manual for men. This purpose has been retained, but the contents of the book are almost entirely new. Discussed in short, crisp chapters are the *why*, *when*, *what*, and *how* of marriage. The style is sprightly and commands attention. Although college people would probably prefer a more comprehensive book, such as Himes's *Your Marriage*, for popular consumption there is none better than this by Popenoe.

Students of marriage will be interested in noting certain differences between this edition and the earlier one written fifteen years ago, for they reflect important changes in marriage education, as well as in the standpoint of the author himself, an outstanding leader in the field. In 1925 marriage education rested on virtually no scientific underpinning whatever, and much of the advice offered was of the common-sense variety, presumably based on "insight" and experience. Of the 131 references listed in Appendix VIII of the present volume, only 14 are dated 1925 or earlier. Thus a body of scientific material is accumulating on which it is possible to base an increasingly valid program of marital guidance.

Interesting, too, is the author's change of orientation. The first edition was heavily weighted on the biological side, as may be surmised from the following statement in its preface:

"The first necessity is to recognize that the primary causes [of marriage problems] are to be found not in the field of law, or theology, or æsthetics, or superstition, not even of economics, but in the field of biology. Man is first of all an animal; mating and reproduction are first of all (though much else of importance has been added to them)

functions of the animal; and biology must have the first—not necessarily the last or only—word regarding any problem that concerns them.

“This book is, therefore, written from the biological point of view.”

While a good deal is still made of the biological factor, the social-psychological and cultural orientation is much stronger in this second edition, in keeping with present trends. For the first sentence in the quotation above, we should now probably substitute: “The first necessity is to recognize that the primary causes of marriage problems are to be found in the field of *personality*.”

So, too, the emphasis on eugenics is more temperate. The number of pages on health has been cut and the discussion has been moderated with appropriate words of caution; for example, on page 107 we find the following:

“A eugenic conscience is highly desirable, but it should not be set on a hair trigger. No one has a make-up or family background in which all the traits are good, none whatever undesirable. At least some are always more valuable than others. A possible handicap should not always be allowed to outweigh a greater probable advantage. It is necessary to strike a balance. Many a conscientious person foregoes parenthood on a very slight chance of handing on to posterity some more or less trivial defect, which might well have been outweighed by the much greater certainty of passing along many and great superiorities.”

This new edition is, then, highly recommended for general use because of its engaging style, sound material, and essential balance.

M. F. NIMKOFF.

Bucknell University, Lewisburg, Pennsylvania.

YOU CAN BE HAPPILY MARRIED. By Gilbert Appelhof, Jr. New York: The Macmillan Company, 1941. 202 p.

The author of this book, the Reverend Gilbert Appelhof, gives us the assurance that “you can be happily married,” and he goes a long way toward proving his assertion. Where he feels that he is less well-equipped than other specialists in the field, he turns his readers over to them via a very excellent and complete bibliography. For his colleagues in the ministry who have not perhaps prepared themselves so well for counseling, he offers a special reference shelf. He himself directed the modern marriage clinic in Detroit, and he has extended its lecture series to other Michigan cities.

This book is full of sound advice, some almost trite for the more sophisticated reader. Perhaps it would be well to warn the latter that this is an elementary course, and not one directly leading to the degree of “Proficient in Marriage.” There are obvious and acknowledged omissions on the physical side, which is only briefly touched on, with the introductory sentence: “The discussion that

follows is written with reverence for the wholesome and genuine contribution which sexual harmony brings to marriage." For the engaged couple, the author feels that, in reading, caution must be exercised in dealing with books that treat solely of the sex factor. He suggests that such topics as budgeting, wholesome diets, clothing values, insurance, philosophy, and religion may better concern them at this time without causing undue embarrassment.

It is in the field of religion that the Reverend Appelhof is naturally best qualified to be helpful. In his chapter on the marriage service and after, he devotes sections to the sacramental nature of marriage, and to the service itself, while in chapters on the engagement period and pre-wedding arrangements, he discusses "mixed marriages"—with a fine understanding of the Roman Catholic point of view—the wedding rehearsal, and common matters of wedding etiquette.

His consideration of the engaged couple's consulting their clergyman covers advance notice of their plans, to give opportunity for pre-marital instruction, to conform with the laws of Church and State, and to provide a chance for the clergyman to explore their qualifications, in order to avert ill-advised marriages and subsequent divorce. It is to be hoped that all clergymen may learn to approach this question in as informed and conscientious manner as does the author. He urges the church wedding as a part of the continuing function of the "church home." Although his bibliography refers the reader to Emily Post's *Etiquette* and to *Vogue's Book of Brides*, he has been careful to include almost every detail necessary for a well-planned and fine ceremony.

On the question of health, Reverend Appelhof gives it as his belief that "everything in the universe is governed by law, even health and disease. The Creator's laws are unchangeable . . . if properly understood . . . they can be obeyed. . . . We do not 'catch' disease so long as our resistance is high and the body is in perfect harmony with natural law. Disease is self-imposed, barring accidents . . . it is the end result of our unhealthful and unnatural living habits." To combat disease, he recommends fresh air, proper food, rest and relaxation, regular exercise, and mental and spiritual control, a five-point program in which he expresses his philosophy of health.

As an introduction to the study of one's self and one's chosen partner with a view to marriage, *You Can Be Happily Married* lives up to its subtitle, *A Manual for Life's Most Important Career—Marriage*.

JEAN L. WHITEHILL.

*Maternal Health Centers, Philadelphia,
Pennsylvania.*

PSYCHOLOGY AND PSYCHOTHERAPY. By William Brown. Baltimore: The Williams and Wilkins Company, 1940. 260 p.

In this very useful compilation of extracts from his earlier works and his comments on these extracts in the light of later experience and research, Dr. Brown has made a welcome contribution to applied psychology. His eclecticism is stimulating and refreshing and from his observations on other men who have worked and studied in this field, we get new understanding of their results and their place in the whole picture.

In the earlier chapters, the author deals with definite aspects of mental ill health—hysteria, the neuroses, the mental results of alcoholism, and so on. His analysis of dissociation is a rewarding one, and his discussion of the different therapies always understandable and helpful. He writes of Freud with admiration, but always dispassionately, differing with him in certain details of explanation and of treatment, but always ready to give him the recognition as a great master that he so richly deserves. "His views have now been long enough before the world to have received the corrective of criticism. There are not many people who accept every word of his doctrine, but most of those competent to judge acclaim him as the psychological genius of his age."

One wishes he had said more about objective mental diagnosis, intelligence tests, and so on. He comments on Spearman's work and, later in the book, on the behaviorists, but says nothing definite about the relationship of tests to therapy—which may be an important one.

In connection with Dr. Brown's discussion of the various therapies, I found his treatment of suggestion particularly interesting. As with other topics, he gives all credit to earlier work and then offers his own theories, based on wide experience and careful research. He is never controversial, but constructively and with clarity he adds to and modifies the theories of others. All through the book appear comments on what seems to him a necessary follow-up of hypnosis or analysis or whatever may have been the form that the therapy took. In psychoanalysis the term is *abreaction*; he characterizes this (p. 87) as "no mechanical process, but . . . controlled at every step by the principle of relativity and intellectual adjustment." In the same paragraph he speaks of "reassociation," but prefers the term "integration." In this general connection he discusses Eergson's theory of memory and illuminates it—as always. Then, later, he sums up his comments on the final steps in psychotherapy under the heading "Autognosis," the term by which he designates the process whereby "the patient gains an ever-deepening insight into the exact nature of his mental condition." It gives strength to the

healthy part of his mind and encourages self-knowledge and independence of action and thinking. It is the most literal and profound type of reëducation and should be used in connection with the treatment of all forms of psychoneurosis.

The last part of the book consists of discussions of those forms of psychological activity which many psychotherapists refuse to consider as within their province, such as the connection between faith and auto-suggestion, and the relationship of thought processes to human relationships—and here he draws on Professor McDougall's concept of social psychology. There is an illuminating discussion of the Oxford Group Movement, and of the question whether suggestion is a sufficient explanation for group influence here and in public affairs generally.

Later chapters on the psychology of peace and war, on psychical research, and on "the eternal values" are wise and helpful. Dr. Brown's position is perhaps best explained by his statement (p. 227) on his researches in psychical phenomena: "If there is such another field of evidence, . . . we must consider it psychologically in order that we may not overlook any facts bearing upon the nature of mind and body. For the curious, these half-glimpses of strange aspects of mind have a great fascination and there is no danger in the making of speculations or hypotheses, so long as we remember they are only hypotheses, not dogmas, which new evidence may confound or modify."

The book ends with some case material from his own experiences, both in war and in civil practice. Everything is objective, clear, free from overuse of technical terms, and never dogmatic. A bibliography adds to the book's usefulness.

ELEANOR HOPE JOHNSON.

Hartford, Connecticut.

AN INVESTIGATION OF THE TECHNIQUE OF PSYCHOANALYSIS. Edited by Edward Glover, M.D. Baltimore: The Williams and Wilkins Company, 1940. 188 p.

PROBLEMS OF PSYCHOANALYTIC TECHNIQUE. By Otto Fenichel. Albany: The Psychoanalytic Quarterly, 1941. 130 p.

Dr. Glover's book is essentially a report and a commentary based on a questionnaire addressed to the individual members of the British Psychoanalytic Society. It is written by a psychoanalyst on data secured from psychoanalysts for a psychoanalytic audience.

The book contains a summary of the opinions of British analysts with respect to a wide range of isolated technical points which,

because of the questionnaire method used, have been lifted entirely out of their clinical context. Both consensus and differences of opinion are presented, in addition to summary statements by the author about several of the controversies on technique that have occupied the British group during recent years.

The principal value of the book lies in the many provocative questions it raises and leaves to the future to be answered. Hence it may be read with profit by psychoanalysts. In spite of the interesting manner in which Dr. Glover has organized and commented upon his data, the layman or professional person without formal analytic training will probably find it disappointing because of the all-but-total absence of clinical source material.

Glover and Fenichel are psychoanalysts of outstanding competence, and both have a reputation in the field of psychoanalysis that is international in scope; hence what either of them has to say about technique is of real importance. Yet each of them takes pains to make it clear that his book touches upon the technique of psychoanalysis in limited and specific ways only. This hesitancy to lay down the techniques of psychoanalysis in a clear, specific, comprehensive, and authoritative manner must seem odd to those who are less familiar with the processes involved. In this connection Fenichel quotes Freud to the effect that, just as in chess, only the opening moves and some typical concluding situations are teachable, but not all that goes on in between and that comprises the actual analytic work. In further elaboration Fenichel says that "the infinite multiplicity of situations arising in analysis does not permit the formulation of general rules about how the analyst should act in every situation, because each situation is essentially unique." To this the reviewer might add that the variables that operate from patient to patient are very great, both numerically and qualitatively.

Dr. Fenichel's book is the transcript of a course of lectures given in 1936 in the Vienna Psychoanalytic Institute, and it presupposes an understanding of analytic technique as well as a knowledge of the general theory of neuroses. The book deals with selected problems of technique under the following chapter headings: I. *Introduction*; II. *The Theory of Psychoanalytic Therapy*; III. *The First Analytic Steps—Dynamics and Economics of Interpretation*; IV. *Structural Aspects of Interpretation*; V. *Comments on the Analysis of the Transference*; VI. *Working Through and Some Special Technical Problems*; and VII. *Comments on the Literature of Psychoanalytic Technique*. There is also a bibliography.

Fenichel's presentation represents a thoughtful digest of many years of experience during which he worked as a member of the Vienna group. His book reflects the points of view of this group

as of five years ago, and to this extent it represents the solidly conservative school of psychoanalytic thought. For this reason, and outside of its unquestioned current value, it will probably become a classic in the history of the development of psychoanalysis.

E. VAN NORMAN EMERY.

*Washington University, St. Louis,
Missouri.*

COLLEGE AND LIFE; PROBLEMS OF SELF-DISCOVERY AND SELF-DIRECTION.

By M. E. Bennett. Second Edition. New York: McGraw-Hill Book Company, 1941. 503 p.

According to the author's preface, this second edition of his text has been revised in the light of research in the field of guidance and personnel work over the past seven years. Designed particularly for the orientation of freshman students, it covers a wide range of environmental, intellectual, and emotional problems incident to adjustment on the college level. The material is presented under three main headings: *Living in College*, *Learning in College*, and *Building a Life*. Written in clear, direct, systematic manner, largely in informal question-and-answer style, the book is a veritable compendium of techniques useful for studying and solving individual problems by means of personal inventories and methods of self-appraisal.

Besides furnishing the college student with a great fund of practical information in respect to living problems in his special milieu, the book contains a number of serviceable suggestions for the improvement of study habits. The general emphasis is on sound, tried, and tested mental-hygiene principles and ideals which should contribute toward a constructive, well-balanced, livable philosophy of life during the student years. The book should prove particularly useful in connection with class discussions in an orientation course for undergraduates, supplemented of necessity by effective individual counseling.

Without disparaging the recognized merits of texts of this type, the clinically trained and experienced counselor working in the college area must appreciate the many limitations inherent in any focalized autobiographical and questionnaire approach. So frequently, where deeper and more unconsciously determined habits and reaction tendencies are at the root of the trouble, the use of these methods as "valuable substitutes" for psychiatric insight cannot be taken without the limitations and uncertainties attendant upon self-medication for physical symptoms. The author's topical, more or less abstracted and idealized concept of normal personality develop-

ment is insulated from the psychiatric approach to everyday life problems. In the traditional nineteenth-century manner, psychiatry is thus reserved as a court of last appeal for what are called "serious maladjustments." This is a regrettable anachronism at a time when the vital need for psychiatrically and psychobiologically integrated psychotherapy in a truly balanced college mental-hygiene service has never been so universally recognized.

LEONARD E. HIMLER.

University of Michigan, Ann Arbor.

THE FACTORS OF THE MIND. By Cyril Burt. New York: The Macmillan Company, 1941. 509 p.

To the average student of psychology, modern factor analysis represents a mysterious mathematical field, in some way pertinent to experimental psychology, but so far with little impress from practical psychological affairs. It is baffling because of the mathematical underpinning, the logical complexities implied by the concept "factor," and the many and apparently conflicting techniques sponsored by various enthusiasts; also because empirical outcomes have not been highly significant. Since practical and theoretical psychology go blithely on, making and passing reference to factor theory, the student is usually content to do likewise.

Professor Burt has made a very challenging attempt to stop all this—to put an end to a cavalier attitude toward factor analysis, on the one hand, and to dispel the sacrosanct atmosphere surrounding any one factor school on the other. In a clearly written volume packed full of detail and experimental experiences, he has tackled three things: (1) a logical approach to the factor concept; (2) a demonstration of the common denominator underlying the main apparently diverse schools and systems of analysis; and (3) an examination of experimental data, using various techniques, but resulting in a common outcome. While there is little classification of psychological theory or systematic principles, a good deal of theoretical implication pervades each section of the work.

The total effect is extremely valuable. Analytical techniques are shown to be dangerous if used without care and understanding, as regards both the techniques themselves and the psychological problems to which they apply. At the same time the necessary appreciation is not grounded in unattainable or remote mathematical logic; rather, is it a matter of systematic and straightforward reasoning. The student will be impressed, and greatly helped.

The book is a unique contribution to the field.

W. LINE.

University of Toronto.

NOTES AND COMMENTS

Compiled by

PAUL O. KOMORA

The National Committee for Mental Hygiene

PSYCHIATRISTS WEIGH WAR PROBLEMS IN ANNUAL CONVENTION

Concern over the inadequate organization of military psychiatric services, and the "slowness" of governmental authorities in employing the psychiatric resources of the country as an aid to the war program, dominated the deliberations of the American Psychiatric Association at its Ninety-eighth Annual Meeting, held in Boston, May 18-21, under the presidency of Dr. James K. Hall, of Richmond, Virginia. Alarmed at the prospect of serious consequences if present policies are continued, the association adopted forceful resolutions urging prompt remedial action, and delegated a special committee, composed of Dr. Arthur H. Ruggles, newly elected president of the association, Dr. Edward A. Strecker, president-elect, and Dr. Frederick W. Parsons, of the executive committee, to take up the matter with the Washington authorities.

"It is most alarming to note that the naval and army forces are not utilizing the psychiatric facilities of this nation to the fullest extent," the resolution read. "These facilities, both for actual military purposes and for civilian or military morale, are being shockingly unappreciated, in spite of the lessons learned from the last World War. The most important factor seems to us one of time. We are already far behind production in other fields, in the matter of organization of psychiatric facilities for both the medical necessities and the social organization of the morale of the nation."

Dr. Strecker, in a paper read at a session on military psychiatry, appealed for a greater psychiatric contribution to the building up of the nation's morale which, he said, lacked certain elements that are vital to the successful prosecution of the war. Declaring that America is conducting the war at the present time on "an outmoded formula" that gives our enemies a great advantage, he emphasized that the "will to fight" must be nurtured together with the "ability to fight," and contended that this element, now left to chance or ignored, must be consciously promoted by a vigorous, psychiatrically buttressed, morale-building program.

"Psychiatrists, we believe, are not making the contributions they

can make to the general morale," Dr. Strecker said. "They have not been active enough in making known the contributions they can make. The government is not aware of the contributions psychiatry can make in the field of ideology, aggression, fear, war propaganda, and morale. From information at hand, we have been alarmingly negligent in the mobilization of morale. We need moving, robust feeling. The lamps of democracy were not lit by impersonal and unimpassioned thinking. Nor will they be kept burning by this kind of thought, no matter how logical it might be."

Taking up this challenge, the association's committee on civilian morale, at a round table conducted by Dr. D. Ewen Cameron, discussed the various methods that are now being followed in organizing civilian mental-health services in different types of community—in a small-town and rural district, in a metropolitan area, and in a state-wide setting. Following the discussion, steps were outlined for drawing up and offering to the public model schemes of organization for each area.

At a public meeting, sponsored by the association jointly with the Massachusetts Society for Mental Hygiene and the Massachusetts Department of Mental Health, Dr. Ruggles surveyed some of the psychiatric problems that confront the nation at the present time, and Leonard T. Carmichael, President of Tufts College and Director of the National Roster of Scientific and Specialized Personnel, described the contributions of psychology to the national war effort. Dr. Ruggles warned against neglect of the mental-health problems of childhood and youth during the present crisis, predicting that the dislocations of home and family life in war-industry areas would result in great insecurity among children and in increased delinquency, and urging the immediate provision of protective and preventive facilities and measures to deal with this threat. "Our efforts in this field must not be postponed even a few weeks," he said, for "very soon schools will be closed, and unless we provide protection, proper nutrition, work, and play for this group, the results will be dire. Every community must at once increase its facilities in regard to day nurseries, foster-family care, recreational programs, and appropriate work opportunities."

Continued progress in the study and treatment of mental disease in all its phases was reported in the 130-odd scientific papers presented at the meeting, based on researches conducted in mental hospitals, pathological and experimental laboratories, and university medical centers in many parts of the country. New and promising developments were described by several investigators in the field of shock treatment, some form of which is being used in more than 85 per cent

of the country's mental hospitals at the present time, with increasingly good results. A thorough follow-up study of schizophrenia patients discharged from the Pennsylvania Hospital, Philadelphia, after shock therapy, showed that while the rate of recovery prior to the use of shock therapy was only 10 per cent, since insulin has been administered, over a period of several years, this has increased more than five times, and even those who were discharged two to five years ago remain well twice as frequently as formerly. In the New York state hospitals, where insulin-shock therapy has been extensively employed, it was reported that "thousands of individuals have been returned to their homes and useful lives who otherwise would have remained a burden to the community for the rest of their years."

AMERICAN ASSOCIATION ON MENTAL DEFICIENCY HOLDS
SIXTY-SIXTH ANNUAL MEETING

The American Association on Mental Deficiency held its Sixty-sixth Annual Meeting in Boston, May 13-16, under the presidency of Dr. Fred O. Butler, of Eldridge, California. The program covered a wide range of topics, and reports of researches on many aspects of the field were presented by psychiatrists, psychologists, educators, and social workers from all sections of the country. The rôle of the mental defective in the war effort received special consideration, and a number of papers dealt with community planning as well as the institutional phases of the care, training, and social adjustment of the mentally deficient. At a joint meeting with the Massachusetts Society for Mental Hygiene and the Massachusetts Department of Mental Health, the psychiatric problems of children in war time were discussed.

Other sessions of the conference dealt with such topics as feeble-minded drivers, education of the mental defective for responsibility, the value of creative art in the training of mentally defective children, occupational therapy, family care, principles and methods of teaching, religious education, measurement of social maturation, impairment of thought processes in brain-injured children, traveling psychiatric school clinics, and the management of defective delinquents. A feature of the program was a symposium on educational provisions for mentally deficient adolescents, in which educators considered the opportunities and obligations of the schools to-day to contribute to the war effort through the services for which the mentally handicapped can be trained.

A noteworthy event of the week was the dedication of the new research laboratory at the Wrentham (Massachusetts) State School, in honor of the late Dr. George L. Wallace, one of the country's outstanding leaders in the care and training of mental defectives and one-time president of the American Association on Mental Deficiency.

The association elected the following officers: Dr. Horatio M. Pollock, Albany, N. Y., president; Dr. C. Stanley Raymond, Wrentham, Massachusetts, president-elect; Dr. Neil A. Dayton, Mansfield Depot, Connecticut, secretary-treasurer; Dr. Lloyd N. Yepson, Trenton, New Jersey, Miss Mabel Matthews, Hartford, Connecticut, and Dr. F. V. Willhite, Redfield, South Dakota, vice-presidents; and Dr. Edward J. Humphreys, Thiells, New York, editor of the *Journal on Mental Deficiency*.

MENTAL-HEALTH TOPICS DISCUSSED AT NATIONAL CONFERENCE OF SOCIAL WORK

Mental-health issues provided a leading topic of discussion at the Sixty-ninth Annual Meeting of the National Conference of Social Work held in New Orleans from May 10 to 16, several of the week's sessions being devoted to this subject. The National Committee for Mental Hygiene arranged joint meetings with the National Association of Training Schools and the American Foundation for the Blind, and sponsored three other sessions. The discussions at the first meeting centered around "Conflicts of Adolescence," and were participated in by Dr. Martha MacDonald, of the Guidance Center, New Orleans; Miss Elsa Castendyck, of the Child Guidance Division, United States Children's Bureau, Washington, D. C.; Dr. J. P. Molloy, of the Child Guidance and Adult Clinics, Houston, Texas; Clinton W. Areson, of the New York State Agricultural and Industrial School, Industry, New York; Roy L. McLaughlin, of the Connecticut School for Boys, Meriden, Connecticut; and Dr. George S. Stevenson, of The National Committee for Mental Hygiene, New York City.

At the second joint meeting, mental-hygiene problems of the blind were discussed by W. S. Terry, Jr., of the Louisiana Department of Public Welfare; Stella E. Plants, of the Department for the Blind, Family Service Association, Washington, D. C.; Miss Violet Bushan, Eye Medical Social Consultant, Division of Services for the Blind, New Mexico Department of Public Welfare; and Dr. Milton E. Kirkpatrick, of The National Committee for Mental Hygiene. At another session, Dr. Kirkpatrick led a discussion of problems connected with the organization of child-guidance clinics.

Family care as a treatment procedure with the mentally ill was the special concern of a session in which the following took part: Dr. Percival H. Faivre and Miss Maysie T. Osborne, of Middletown State Hospital, New York; Miss Henrietta DeWitt, of Springfield State Hospital, Sykesville, Maryland; Miss Lena A. Plante, of Marcy State Hospital, New York; and Felix Gentile, of the Louisiana Com-

mittee for Mental Health. At a session at which mental-hospital and social-welfare services were considered, Mr. Gentile discussed citizen participation and interest in mental-health problems; Dr. T. L. McCulloch, of the State Colony and Training School, Alexandria, Louisiana, surveyed the problems of the Louisiana state mental institutions; and Miss Florence Sytz, of Tulane University School of Social Work, discussed the rôle of mental hygiene in social service.

Other sessions were devoted to mental-health issues in relation to the military services and other aspects of the national war effort. The discussion leaders were Miss Marian McBee, of the New York City Committee on Mental Hygiene, and Miss Gladys Hall, of Tulane University School of Social Work. Problems of morale were discussed by Dr. Goodwin Watson, of Columbia University, New York; John M. Fletcher, of the Louisiana Educational Survey Commission; and Martin L. Reymert, of the Laboratory for Child Research, Mooseheart, Illinois. At a meeting of the American Association of Psychiatric Social Workers, the functions of the psychiatric social worker in mental hospitals and in child-guidance clinics were interpreted by Miss Hester B. Crutcher, of the New York State Department of Mental Hygiene, Albany, New York, and Miss Ruth Walton, of the New York State Psychiatric Institute and Hospital, Columbia Medical Center, New York City.

AN AMERICAN EXODUS

The State Charities Aid Association, founded in 1872 by Miss Louisa Lee Schuyler, great-granddaughter of Alexander Hamilton, celebrated its seventieth anniversary in New York City on May 4. In a series of ten-minute addresses at a large public luncheon meeting at the Hotel Commodore, which featured the observance, noted speakers unfolded a panorama of progress in public health, mental-hygiene, and public-welfare work in New York State during these threescore and ten years that owes much to the crusading leadership and valiant work of Homer Folks and the organization he has headed for fifty of these years.

Marshall Field spoke of the work for dependent children; Miss Elsie Bond discussed the evolution of public relief; Dr. Edward S. Godfrey traced the developments in the control and prevention of tuberculosis and other mass diseases; and Stanley P. Davies summarized the advances made in the care and treatment of the mentally ill and defective. Each review marked off the milestones of progress and set up guideposts for the future on the long road toward the better life of the Empire State's citizens. Mr. Folks gave a stimulating interpretation of "The Central Purpose of the State Charities Aid

Association," looking ahead to the "next seventy years" and frankly exposing existing needs and deficiencies, while Professor C.-E. A. Winslow expressed the S.C.A.A.'s "purpose" in an illuminating discourse on "Buttressing Democracy by Citizen Service—An American Contribution to the Difficult Art of Government."

Mental-health workers will be especially interested in Mr. Davies' inspiring address on "An American Exodus," which epitomizes the achievements of the mental-hygiene movement as exemplified in New York State and emulated to a greater or less extent the country over. The following is a condensed version:

"A modern Book of Exodus would tell another moving story of the release of God's people from bondage, the story of a great American exodus—the exodus from the poorhouse. It is a story of inspired and undaunted leadership which, like that of Moses, had to override entrenched opposition, doubts, and fears, and perform prodigious labors—the leadership of such valiant souls as Louisa Lee Schuyler and her associates and successors in the State Charities Aid Association.

"Who were these almshouse people? Miss Schuyler tells us in her eyewitness account of that first epoch-making visit to the Westchester Poorhouse in June of 1871: vagrants; abandoned women; the crippled; the sick, some desperately ill and dying and with no resident physician; the insane, in cells, suffering from cold and hunger; children, old and young; and just plain paupers, who afforded the only care and nursing available to the rest of the inmates.

"The exodus of the mentally ill and defective from the neglect, abuse, and inevitable deterioration of the poorhouses and county asylums to the kindly and intelligent care and treatment of state hospitals and state schools, accomplished only after a long and bitter struggle, marked the first great step forward in dealing with mental problems. But in a larger sense, the entire exodus of the pitiful conglomeration of suffering humanity from the poorhouse was in the cause of mental health.

"The sick are very differently treated to-day, thanks to the advances of medicine and public health. Illness is being prevented. These advances have contributed greatly to general well-being and therefore to mental health. And instead of pauperism, we have to-day public assistance and other forms of social security. Security and all that it means in overcoming want and gnawing fear and in maintaining personal integrity and family life represent another significant step forward toward mental hygiene.

"And as for those who were first on Miss Schuyler's mind when she saw what lay behind those gray stone walls in 1871—the children—the magnificent things that have been accomplished through the years and all that still lies ahead in child care and development are mental hygiene in its quintessence.

"Of course, what the S.C.A.A. has done through the years has constituted one great program in and for mental hygiene. But taken alone, its mental-hygiene accomplishments in the more specific sense loom large: 1872-92, the struggle for the establishment of the state-hospital system; 1892-1905, continuous assistance in the development of state hospitals as

curative centers; 1905-1912, the beginnings of parole, the first after-care committee and workers, and the first outpatient mental clinic—real pioneering, which showed the way to the employment of social workers on the staffs of all state hospitals; the emergence in 1910 of the New York State Committee on Mental Hygiene and the many-sided program through these last thirty years directed toward prevention and positive mental health.

"Boiled down, the two greatest contributions of the S.C.A.A. in this specific field have been keeping politics out and putting science and skill in; and educating public opinion to the more intelligent understanding of mental difficulties.

"Great progress has been made. And yet, in contrast with the charts and graphs that vividly portray advances in physical health, we cannot yet statistically demonstrate in mental hygiene measurable results for a given amount of effort and money expended. On the face of it, the statistics seem to be going against us. Year by year the number of patients in our New York state hospitals has been mounting considerably faster than the general population. But we must bear in mind that this increase is in the *number of persons hospitalized* (much to be desired when it is needed), and probably not an actual increase in mental disease, except as to the mental breakdowns of old age, and that is because people are living longer than they used to.

"About a year and a half ago Governor Lehman appointed a temporary commission, headed by Homer Folka, to develop immediate practical ways of reducing this burden. While the commission has not yet arrived at findings, one conclusion may be ventured. It is good economy to invest in the study and demonstration of new possibilities of care and treatment. The mental disease that is not prevented and is not cured must relentlessly spur us on, to be venturesome in trying out new methods, to get back into causes and origins, to track down, detective fashion, every lead we can uncover.

"To rob mental disease of its mystery, to bring mental health into everyday living, here is the great unfinished task of mental hygiene. It calls for still more of the kinds of things the S.C.A.A. has been doing—public education, ceaseless questioning of where we are and where we go from here, and the mobilization of citizen effort directed toward specific next steps.

"It is one of the many delusions of a man named Hitler that the problem of mental hygiene can be solved by forcible measures—by euthanasia, by an arbitrary kind of eugenics, and by the oppression of those who do not belong to the superior race. No, it can't be solved Hitler fashion.

"Mental hygiene in the final analysis is a personal thing—a direct charge upon each one of us. The ultimate test of mental hygiene is the ability of people to live and work together in an interdependent world of social beings, where the strength of one is the strength of all. We have the brains and inventiveness, the resources and productive power. Must we again face failure after this war is won because we have not yet learned how to manage our human and social relations. Here is the greatest challenge before mankind."

EIGHTH PAN AMERICAN CHILD CONGRESS

The psychological needs of children, as well as their material and physical requirements toward healthy growth, in the war and post-war worlds claimed the serious attention of the delegates to the Eighth Pan American Child Congress, held in Washington, D. C., from May 2 to 9, under the auspices of the United States Government. It was the first congress held in this country in the series inaugurated in Argentina in 1916 and subsequently convened in Uruguay, Brazil, Chile, Cuba, Peru, and Mexico. Plans for the congress were laid in 1940 on the recommendation of the governing board of the Pan American Union and in conformity with an Act of Congress of the United States, implemented by an organizing committee appointed by the secretary of state.

After the entry of the United States and other American republics into the world conflict, it was decided that the holding of the congress was the more important as a measure for maintaining and strengthening essential services to meet war-time needs, and to lay foundations for closer inter-American collaboration for the protection of childhood in the war and post-war periods. The scope and objectives of the congress were, therefore, modified accordingly. Four working committees were established to study children's needs—a committee on essential services for mothers and children in wartime, a committee on protection of mothers and children in danger zones, a committee on plans for children in the post-war world, and a committee on inter-American cooperation. Section meetings were organized around the following topics: health protection and medical care; education and recreation; and economic and social services for families and children. Child psychiatry and mental hygiene were represented by Dr. Frederick H. Allen, Director of the Philadelphia Child Guidance Clinic, and Dr. George S. Stevenson, Medical Director of The National Committee for Mental Hygiene.

The primary need of children, Dr. Allen pointed out in his paper, is freedom to develop the capacity to meet and participate in the realities, even the dangerous realities, of life. Declaring that there has been a tendency in the last few decades to overprotect children, both in the family circle and in the community, Dr. Allen held that while they should be protected from dangers they cannot cope with through their own limited experiences, they should not be "cloistered." "We have seen how totalitarian states are constructed out of the weaknesses of people, which are exploited to add to the power of the state from which all security is supposed to stem," he said. "War and its attendant dangers and anxieties give us the opportu-

nity to reëvaluate our philosophy of protection by which many crippling dependencies have been shackled on children."

Dr. Stevenson discussed the "Newer Approaches to the Understanding of Children," and indicated that recent attempts to understand and influence children's behavior began literally with the pre-natal period, soon after conception, and extended through adolescence. They deal with much more subtle matters that were overlooked in the previous preoccupation with the grosser issues of child study, as for example the parents' attitude toward the prospective child, which is now recognized as a potent force in shaping the child's mental development and of equal importance with the attention hitherto focused on his diet. Functions of the child, such as his reactions to fondling, feeding, and playing, Dr. Stevenson pointed out, are increasingly seen to be much less simple than was originally supposed and as being subject to many disturbances if their complexity is ignored.

Reviewing modern techniques of clinical study and treatment of children's behavior problems, he showed how the standardized interview and test approach have been extended and modified both by new procedures and by the discovery of new meanings in the older procedures. Among the new concepts and techniques that have come into being, he mentioned the need of affection as a primary hunger of the child and the therapeutic methods that have been devised to compensate for its deprivation; the widespread attention to reading disabilities as a potent retarding factor in mental growth; the verbal reactions of children to the Rorschach ink-blot test as a means of eliciting hidden responses, the better to understand their intellectual and emotional tendencies; and electroencephalographic tests by which the electrical reactions of the brain are recorded and studied in relation to behavior peculiarities of the child. "While these various approaches to an understanding of the child all deal with partial functions," Dr. Stevenson said, "they tend to throw more and more light on the total integration of the child, they reveal behavior difficulties that often are superficially similar, but seldom specific of a common causation, and they reveal both causes and symptoms that otherwise would remain sub-clinical."

In closing the congress, the delegates adopted a "declaration of opportunity," containing a seven-point "bill of rights" for the children of the Western Hemisphere. It proclaimed it the right of every child to have opportunity for family life; to obtain the essential elements of wholesome, healthful living; to find out and develop his or her special abilities; to learn to participate in the world's work; to use creatively part of its free time; to have a place in community

life; and to take part "in some of the many creative ways of transforming the raw materials of human life into usefulness and beauty."

PSYCHIATRIST DEFINES RÔLE IN WAR

The 118th annual report of the Neuro-Psychiatric Institute of the Hartford Retreat contains some cogent observations by Dr. C. Charles Burlingame, director of the institute, which invite quotation because of their pertinence to the present crisis. Speaking of the rôle of psychiatry, which he recalls "came into its own" during the first World War and attained a prominence almost equal to that of surgery, Dr. Burlingame emphasizes its special significance now, when psychological factors are recognized as equally important with military and strategic considerations. This, he states, makes it incumbent upon psychiatrists to undertake the task of disseminating among the public, in terms understandable by the average man, known principles of human behavior, and of clarifying the meaning of "morale" and other components of "psychological warfare" about which there is a good deal of obscure and ambiguous thought and speech at the present time. "If ever there was a war in which psychiatric principles were involved, most especially in the field of morale and propaganda," says Dr. Burlingame, "it is the present war."

In describing the manifold functions of psychiatry in relation to the total war effort, Dr. Burlingame indicates how psychiatric knowledge can be effectively put to work in the military setting. Psychiatric knowledge, he holds, should be exercised "largely through other medical officers and, most emphatically, through line officers." In certain European armies, particularly in the air forces, this plan of operation has been successfully carried out. "The psychiatrists have lived in the mess halls and recreation centers, mixing in every possible way with the flyers, gunners, and pilots, teaching them how to recognize and how to handle certain psychiatric conditions as they become obvious. If we psychiatrists can perform these functions, and perform them well, all of us will be occupied to the limit of our endurance and to us, at least, it would seem we had much of value to contribute."

REPORT ON ARMY MEDICAL EXAMINATIONS

Greater emphasis on the elimination of the mentally unfit and on more efficient medical examinations of army selectees was strongly advocated by Dr. Noble R. Chambers, of Syracuse, at the One-hundred-and-thirty-sixth Annual Meeting of The Medical Society of the State of New York, which was held at the Waldorf Astoria Hotel in New York City, April 27-30. Reporting his experience at the

Syracuse induction center, Dr. Noble said: "We are now rejecting probably 15 to 20 per cent at the induction station, but there are 200 to 400 crack-ups in the army camps every week. Perhaps there is room for still more emphasis on psychiatry. Many mental defectives and psychotics who have or have not been in state hospitals or schools no doubt are missed."

Other papers dealing with psychiatric problems were presented by Dr. Foster Kennedy and Dr. Benjamin Wiesel, of New York City, who made a joint presentation on the results of electric-shock therapy; Dr. Albert B. Siewers, of Syracuse, who described the psychiatrist's approach to the management of the behavior problem child; and Dr. James S. Greene, of New York City, who discussed stuttering as a psychosomatic problem. Colonel Leonard G. Rowntree, chief medical officer of the National Selective Service Administration, gave a revealing account of the lessons learned from physical and mental examinations of Selective Service registrants.

Quoting from a previous report by Colonel Rowntree, Dr. Chambers said that almost one-third of the medical discharges from the army have been cases of nervous and mental disease, "which shows that while the standards have been rigid, they have not yet been applied with sufficient effectiveness." Despite his belief that there is no present intention in the war department to "let down the bars" to admit to training and service selectees who are mentally dull, emotionally unstable, or otherwise unfit because of actual or potential mental disorder, "all of whom are recognized to constitute a menace with which the army should at no time be burdened," Dr. Chambers reported that since the change of system effected on January 1, when medical examinations were shifted from draft boards to army induction stations, the medical advisory boards, to which questionable cases were previously referred for psychiatric scrutiny, "to all practical purposes" are not functioning now. Stressing the importance of adequate medical and social history taking, Dr. Chambers urged the establishment of traveling boards of psychiatrists to effect contact between draft-board physicians, medical-advisory-board psychiatrists, and army induction centers to help in reporting, investigating, examining, and following up doubtful cases, and recommended the use of psychiatric social workers to assist in this process. Most important, he said, was a practical working procedure that would afford adequate information to the psychiatric induction boards.

Colonel Rowntree justified the new system of medical examination, under which local draft boards make only a ten-minute preliminary inspection to eliminate those with obvious defects, on four counts: (1) The commissioning of physicians for the army and the navy has been depleting the ranks of Selective Service medical examiners "at

an unprecedented rate"; (2) the army's need of soldiers has increased "by leaps and bounds" since Pearl Harbor, to such an extent that complete physical and mental examinations by Selective Service physicians "are no longer possible"; (3) the surgeon general of the army believes that the responsibility for selection rests on him and his office and that army examining and induction stations should assume complete responsibility; and (4) the medical department of the army is now "well organized and able to assume responsibility." Colonel Rowntree ascribed the weakness in existing selection procedures mainly to "lack of definite, clear-cut criteria, especially in mental and nervous diseases, cardiology, gastroenterology, and musculo-skeletal examinations," adding that "the whole field of psychosomatic diseases is urgently in need of elucidation."

Colonel Rowntree also commented on the "lamentable" showing of the nation's youth from the standpoint of health fitness, despite the fact that "for decades the medical and dental professions, public-health authorities, and social workers have been emphasizing the importance of periodical examinations and of personal hygiene." Astounded that defects, deficiencies, disorders, and diseases "are so rampant to-day," he said the President had been so concerned as to call a White House conference to consider plans for rehabilitation. He reported further that the feasibility of tests conducted in Maryland and Virginia had been established and that steps are being taken to broaden the scope and expand the program of rehabilitation on a nation-wide scale. He pointed out, however, that "preferentially, the army accepts physical rather than mental or moral defects."

Statistical studies made thus far, Colonel Rowntree said, reveal that of the first 2,000,000 selectees examined, 1,000,000 "fell short of army requirements," 100,000 being rejected for illiteracy, and 900,000 for physical and mental defects. Of the 900,000 rejected, 430,000 have been classified as IV-F—unfit for any military service—and 470,000 as fit for only limited service. The distribution of defects is as follows:

<i>Class</i>	<i>Percentage</i>
Dental defects	20.9
Defective eyes	13.7
Cardiovascular defects	10.6
Musculo-skeletal defects	6.8
Venereal diseases	6.3
Mental and nervous diseases.....	6.3
Hernia	6.2
Defective ears	4.6
Defective feet	4.0
Tuberculosis and defective lungs.....	2.9
Miscellaneous	17.7

OPENINGS FOR ARMY MENTAL-HYGIENE-CLINIC PERSONNEL

The National Committee for Mental Hygiene reports that openings may exist for qualified psychologists and psychiatric social workers at the classification clinic recently established at the U. S. Army Signal Corps Replacement Training Center, at Fort Monmouth, New Jersey. The Replacement Training Center comprises a group of schools that give basic and advanced training to selected personnel, and the problems dealt with by the classification clinic include educational and vocational planning, as well as problems specifically connected with the army experience. The clinic is organized on the basis of standard mental-hygiene practice, with a clinical team composed of the usual personnel—psychiatrist, psychiatric case-worker, and psychologist—who are concerned with diagnosis, treatment, and recommendations for the disposal of cases. It provides limited treatment facilities for men who find difficulty in adjusting to army and school demands, in order to enable them to make more effective use of themselves in the army. Openings may develop for trained psychiatric social workers and psychologists, experienced in clinical work, who may wish to serve in the classification clinic, either as enlisted personnel or as civilian "interns." Those interested in possible positions at this clinic may get into touch with Dr. George S. Stevenson, Medical Director of The National Committee for Mental Hygiene, 1790 Broadway, New York City.

OCCUPATIONAL THERAPY IN WAR TIME

Anticipating the need for expanding occupational-therapy services during the war emergency, the American Occupational Therapy Association, in coöperation with the Office of Civilian Defense, has organized courses of instruction for occupational-therapy volunteer assistants. The purpose of the program, as announced by the association, is "to train a corps of women to serve as volunteer assistants to professional occupational therapists in institutions, as a contribution to the community, and to assist occupational therapists in case of an emergency." The courses are given under the direction of accredited schools of occupational therapy or under registered therapists in occupational-therapy services throughout the country. They require 58 hours of training, which is considered the minimum necessary to render the volunteer valuable to the professional therapists under whom she will be assigned to war work upon completion of the course. Further information as to requirements and eligibility is available at the association's office at 175 Fifth Avenue, New York City.

The importance and significance of occupational therapy to the

war effort were brought out at the Fifteenth Annual Institute of Chief Occupational Therapists of the New York State Department of Mental Hygiene, held at the Psychiatric Institute in New York City, April 27-29, and volunteer defense workers interested in contributing to the war effort in this way, who had an opportunity to attend, must have learned a great deal from the conference as to the diversity of activities in occupational therapy and the attractive possibilities for interesting work in this field.

Among special aspects of the subject discussed at the institute by experts in their respective spheres were the social values of handicrafts, library work, the place of hospital gardens in occupational therapy, the use of non-priority materials, and other topics. Features of the program were a seminar on psychotherapy, conducted by psychiatrists of the state-hospital service, and a symposium on present-day training of the occupational therapist, in which teachers from various schools of occupational therapy participated. Mrs. Eleanor Clarke Slagle, New York State Director of Mental Hygiene Occupational Therapy, presided at several of the sessions.

ONE HUNDRED YEARS OF AMERICAN PSYCHIATRY

The American Psychiatric Association announces its intention to publish a history of American psychiatry for the past hundred years, to be issued on the occasion of the association's centenary, at its annual meeting in 1944. It is being planned and will be edited under the supervision of an editorial board composed of committees of the American Psychiatric Association and the American Association of the History of Medicine. It is to be a critical, scientific history of all aspects of psychiatry in the United States and Canada during the past century, as well as a record of the activities of the association, the oldest national medical society in the country. The volume, to be entitled *One Hundred Years of American Psychiatry*, will be printed in a specially designed format by Columbia University Press, and authors have been carefully chosen for each of its thirteen chapters, which will cover such topics as the beginnings of American psychiatry from Colonial days, European backgrounds, American institutions for the mentally ill, psychiatric literature and research, legal aspects of psychiatry, mental hygiene, and relations with psychology, anthropology, and the social sciences. Inquiries concerning the history should be addressed to the American Psychiatric Association, 9 Rockefeller Plaza, New York City.

DR. STEVENSON ELECTED PRESIDENT OF NATIONAL HEALTH COUNCIL

The election of Dr. George S. Stevenson, Medical Director of The National Committee for Mental Hygiene, as president of the National Health Council for 1942 was recently announced by Thomas C. Edwards, Assistant Secretary of the council. Dr. Stevenson succeeds Dr. Kendall Emerson, Managing Director of the National Tuberculosis Association, who becomes vice-president and chairman of the executive committee.

Other officers elected are Dr. William F. Snow, General Director of the American Social Hygiene Association, who was elected treasurer, and Mrs. Eleanor Brown Merrill, Executive Director of the National Society for the Prevention of Blindness, who was elected secretary.

The following were elected members of the board of directors for the next three years: Dr. Thomas Parran, Surgeon General of the United States Public Health Service; Dr. Martha M. Eliot, Acting Chief of the United States Children's Bureau; Dr. Reginald M. Atwater, Executive Secretary of the American Public Health Association; Dr. Edmund P. Fowler, representing the American Society for the Hard of Hearing; Dr. C. C. Little, Managing Director of the American Society for the Control of Cancer; Mr. Howard W. Green, representing the National Committee of Health Council Executives; and Dr. George Baehr. Also elected as members of the board of directors for the current year were Mr. James L. Fieser, Vice-Chairman of the American Red Cross; Miss Ruth Houlton, General Director of the National Organization for Public Health Nursing; and Mr. Robert Bondy.

The National Health Council is a clearing house for eighteen national voluntary organizations engaged in promoting better health. Among the services that it renders is the maintenance of an extensive library, containing more than 6,000 volumes and 30,000 pamphlets dealing with public health, sanitation, hygiene, and related subjects. This library is used not only by member agencies of the council, but by research workers from all parts of the United States.

Active member agencies in the National Health Council include the following: American Red Cross, American Public Health Association, American Eugenics Society, American Heart Association, American Social Hygiene Association, American Society for the Hard of Hearing, American Society for the Control of Cancer, Conference of State and Provincial Health Authorities of North America, Maternity Center Association, National Committee of Health Council Executives, National Committee for Mental Hygiene, National Organi-

zation for Public Health Nursing, National Society for the Prevention of Blindness, and National Tuberculosis Association.

There are two associate members—the American Nurses' Association and the Foundation for Positive Health—and two advisory members—the United States Children's Bureau and the United States Public Health Service.

ACADEMY OF MEDICINE WILL CONDUCT GRADUATE FORTNIGHT ON NERVOUS DISORDERS

The Fifteenth Graduate Fortnight of the New York Academy of Medicine, to be held at 2 East 103rd Street, New York City, October 12 to 23, will be devoted to "Disorders of the Nervous System." The annual Graduate Fortnight is a non-profit enterprise conducted by the academy in the interest of postgraduate medical education. The program this year will include morning panel discussions, afternoon hospital clinics, and evening lectures, to be given by twenty leading authorities on mental and nervous diseases. There will also be scientific exhibits and demonstrations on various phases of professional activity in this branch of medicine. The registration fee is \$5.00, except for fellows of the academy. A copy of the complete program will be mailed to any physician upon request from Dr. Mahlon Ashford, of the academy's Committee on Medical Education.

CHILDREN IN WAR TIME

The formulation of a policy for safeguarding the mental health of children against the psychological hazards of war is a major interest of the recently formed Commission on Children in War Time, of the United States Children's Bureau, according to a progress report on the commission's activities made to the executive committee by Leonard W. Mayo, chairman, at its meeting in Washington on April 25. The purpose of the commission is "to stipulate and draw attention to the broad needs of all children during the war period, and particularly those in the lower economic brackets, and to promote ways and means by which such needs may be met through existing agencies and organizations."

The commission, which consists of 56 members appointed by Katharine F. Lenroot, chief of the Children's Bureau, first met in Washington in a two-day session, March 16-18, at which a "Children's Charter in War Time" and a program of action to meet the war-time needs of children in the United States was adopted, with the following objectives: (1) to guard children from injury in danger zones; (2) to protect children from neglect, exploitation, and

undue strain in defense areas; (3) to strengthen the home life of children whose parents are mobilized for war or war production; and (4) to conserve, equip, and free children of every race and creed to take their part in democracy.

The commission also adopted resolutions recommending (1) increased hospital, out-patient clinic, and professional services for maternity care and medical care of sick children in defense areas; (2) provision of trained personnel for child welfare services for defense communities, with coördination of state and local welfare programs; and (3) provision for day care for children where war-time conditions require it, with increased Federal appropriations for health and welfare services for maternity patients and children in defense areas.

Dr. George S. Stevenson, Medical Director of The National Committee for Mental Hygiene and a member of the commission, led the discussion on "Psychological Disturbances," in which child-guidance needs in war time were outlined. Dr. Stevenson pointed out that in ordinary times the child meets his problems relatively slowly and has an opportunity for making adjustments. In these times he is deprived of the opportunity for slowly sensing and meeting his problems, his growth is retarded, and a disorganization that is worse than "half adjustment" may result. It is important, therefore, to receive reports of the peculiarities of the attempts at adjustment and to have some agency or bureau keep in touch with these evidences of need. Anything that can be done to orient parents, teachers, and others who are influencing children, Dr. Stevenson said, will be very much in order.

Other needs stressed were facilities for recreation after school hours; more parental supervision of children; the adolescent's need to feel useful and important in the war effort; aid to mothers in meeting their own emotional problems in the war situation; the need of planning well ahead for possible evacuation, as a means of lessening anxiety and avoiding panic; and methods of community organization that would make available to local defense councils, through consultation service, specialized resources for the psychological protection of children against war hazards.

STATE SOCIETY NEWS

Connecticut

The Connecticut Society for Mental Hygiene, with the coöperation of the Department of Psychiatry and Mental Hygiene of Yale University School of Medicine, held its Fourth Annual Institute of

Mental Hygiene in New Haven May 15-16. "The Community in War Time" was the theme of the program, which consisted of a series of panel discussions dealing with such topics as war-time relief problems, family conservation, psychiatric problems of old age, and the use of psychiatric facilities by juvenile courts and child-caring agencies.

Delaware

The Delaware Society for Mental Hygiene is lending its help, among other contributions to the war effort, to a movement to enlist the youth of the state in civilian-defense activities. As a first step in the plan to encourage fuller participation of Delaware's boys and girls in war work, Governor Bacon has appointed Colonel H. Edmund Bullis, Executive Director of the Delaware Society, as chairman of a "youth activities" committee to develop a practicable program for the coördination of boys' and girls' clubs, student councils, and other youth organizations in an all-out state-wide coöperative effort. In making the appointment, Governor Bacon told Colonel Bullis: "You have my authority to appoint as members of the committee adults and youth for the purpose of making a study of practical ways in which our Delaware boys and girls between the ages of fourteen and eighteen years may be utilized and given definite responsibilities in voluntary protective activities in connection with our civilian-defense program." In further preparation for his task, Colonel Bullis has gone to England, on the invitation of the British Ministry of Health and Board of Education, to study group activities of youth in relation to the war effort in that country.

Louisiana

Awareness of the need for organized effort to deal with mental and emotional problems arising out of the war, as evidenced by cases coming to the attention of mental-health clinics, has led to moves on the part of welfare organizations of the state toward the setting up of consultation and other services to meet this need. A family-service society, for example, reports increasing requests for help in the emotional adjustment of women whose husbands or men friends have been called to military service. Responsive to the growing urgency for protective and preventive measures, the Louisiana Committee for Mental Health is undertaking a canvass of conditions and of ways and means looking to the organization of a suitable mental-health war program. At the behest of the committee, the New Orleans Defense Council has agreed to set up a mental-health unit under its

division of health and welfare services, and arrangements are being made for talks to be given before volunteer groups assisting in civilian defense. Similar negotiations have been started with state defense authorities.

The Louisiana Committee for Mental Health is also devoting increasing energies to the improvement of the state's treatment facilities for the mentally ill, with special emphasis on the need for more adequate medical and nursing personnel, establishment of a merit system of civil service, and revision of the mental-hygiene laws. A special committee has been appointed by the governor to study the commitment laws, to prepare a compendium of the existing laws, and to make recommendations for changes to be presented to the legislature. Mr. Joseph M. Jones, chairman, and Mr. Felix Gentile, Executive Secretary of the Louisiana Committee for Mental Health, are coördinating the efforts of various medical and legal groups that are assisting in the study and revision.

Massachusetts

The Massachusetts Society for Mental Hygiene, in collaboration with the Massachusetts Department of Mental Health and thirty state-wide sponsoring agencies, conducted a "Mental Health Week" in Boston from May 11 to 14. Morning, afternoon, and evening meetings were held, in which medical, educational, and welfare leaders of the state participated. A feature of the week's program was the mental-health dinner at which the Honorable Robert T. Bushnell, Attorney General of Massachusetts, spoke on "Mental Health Needs of the Citizens of Massachusetts," and Dr. Clarence M. Hincks, Director of the Canadian National Committee for Mental Hygiene, discussed "War and Mental Hygiene," and reported on his observations and studies of mental-health war activities in England, from which he had just returned. Topics at other sessions included training for morale, mental preparedness of youth for war, children's problems in war time, rehabilitation of men rejected by Selective Service, emotional factors in nutrition, techniques of sex education, contributions of mental hygiene to penal and correctional work, and religion in relation to mental hygiene.

New York

The New York State Committee on Mental Hygiene of the State Charities Aid Association held its annual meeting in New York City on June 15. Because of the vital importance of psychiatric examinations in Selective Service, the meeting was devoted entirely to this

subject. The New York State Committee has worked out a comprehensive program of coöperation with the Selective Service authorities in the state which is affording experience of great value not only to New York, but to all other states in which efforts are in progress to make selection as effective as possible under the present system from the standpoint of psychiatric requirements. The plan of operation in this state has demonstrated the possibilities of psychiatric service to those responsible for building up a physically and mentally healthy national army through Selective Service, but it has also revealed difficulties and problems that present a challenge to the resourcefulness of the medical and allied professions in rendering more efficient their participation in the important task of mental and physical examinations. A thorough discussion of the present status of psychiatric effort in Selective Service was, therefore, undertaken by representatives of the Selective Service Administration and of the various agencies that are contributing to this effort in New York State.

The speakers and their topics were as follows: "Medical Program of the Selective Service"—Colonel Louis H. Gaus, M.C., Medical Advisor, Selective Service, New York State Headquarters; "Psychiatric Problems of Selection and Services Offered by the State Department of Mental Hygiene"—Dr. H. Beckett Lang, Assistant Commissioner, Department of Mental Hygiene, New York; "Organization of Social Work for the Selective Service"—Miss Katharine G. Ecob, Executive Secretary, New York State Committee on Mental Hygiene; "Psychiatric Program of the New York City Selective Service"—Colonel Samuel J. Kopetzky, M.C., Director, Medical Division, Selective Service, New York City Headquarters; "Evaluation of Psychiatric Problems in Selective Service"—Dr. Richard M. Brickner, Chairman, Sub-Committee on Psychiatric Aspects of Selective Service, New York City Committee on Mental Hygiene; and "Psychiatric Social Work in the New York City Selective Service"—Miss Marian McBee, Executive Secretary, New York City Committee on Mental Hygiene.

Pennsylvania

War needs are receiving increasing attention in the varied program of activities of the Division on Mental Hygiene and Public Health of the Public Charities Association of Pennsylvania. Dr. Appleton Pierce, medical director of the division, reports that with the assistance of other organizations it has secured the appointment of qualified psychiatrists on all medical advisory boards of the state's selective service system and also on all army induction boards. The division

has also brought to the attention of the surgeon general of the army the finding that in the case of voluntary enlistments adequate psychiatric examinations are lacking, and has urged that where psychiatrists can be secured, this defect be remedied.

Among other projects undertaken by the division are the teaching of mental hygiene in teachers' colleges and schools of divinity, and expansion of the work now being done in child-guidance and mental-health clinics, in which the division is coöperating with the State Bureau of Mental Health. Complete state care of the mentally ill is now an accomplished fact, and the division is assisting the Bureau of Mental Health not only in instituting and maintaining state-hospital standards in the county hospitals which have been taken over, but also in efforts to raise these standards throughout the state. With the establishment of the Western State Psychiatric Hospital, a teaching and research institution affiliated with the University of Pittsburgh, soon to be opened, in the promotion of which the division played an active part, Pennsylvania reaches another milestone of progress in improving its provisions for the better mental health of its citizens.

The Eastern Section of the Mental Hygiene and Public Health Division held a dinner meeting in Philadelphia on May 25, at which the activities of the section were reviewed by Earl G. Harrison, President of the Public Charities Association, and Everett S. Elwood, chairman. Dr. Wendell S. Muncie, associate professor of psychiatry at Johns Hopkins University, was the guest speaker, taking as his topic the relation of mental health to general health. Dr. Muncie's paper was discussed by Major General Charles R. Reynolds (retired), former Surgeon General of the United States Army, and Dr. Frederick H. Allen, Director of the Philadelphia Child Guidance Clinic. A resolution was passed urging a wider use of psychiatric examinations by Selective Service and by the military authorities.

Vermont

The Vermont Mental Hygiene Society held its annual meeting in Montpelier on April 25, with a symposium devoted to the general topic, "The Rôle of Mental Hygiene in the National Emergency." The principal speakers were Dr. D. Ewen Cameron, of Albany, New York, and Dr. George K. Pratt, of New Haven, Connecticut. About 125 members of the society attended the conferences. At the business meeting, the following new officers were elected: President, Dr. John T. Metcalf, of the University of Vermont; vice-presidents, Hon. George A. Mathers, of Bennington, and Dr. Sara M. Holbrook, of Burlington; secretary, Miss Catharine Cartier, of Burlington; treasurer, Miss Dorothy M. Smithson, of Rutland.

Washington

Mrs. Helen Gibson Hogue, executive secretary of the Washington Society for Mental Hygiene, Seattle, reports that the society has been conducting mental-hygiene institutes for public-health nurses as an aspect of defense. As a result of this work, Mrs. Hogue was requested to give mental-hygiene talks to Red Cross nurses who are taking "refresher" courses in order to conduct classes for mothers in home nursing. This project has been undertaken in consultation with the school of nursing at the university. It also has the approval of the director of the state department of health. The experiment was brought to the attention of the American Red Cross, National Headquarters, and Robert E. Bondy, Administrator for Services to the Armed Forces, reports that steps have been taken to bring area directors of nursing into contact with local mental-hygiene societies with a view to establishing similar courses for nurse instructors in Red Cross home nursing in their areas.

NEW PUBLICATIONS

As a practical aid to the psychological adjustment of our people to the necessities of war, mental-hygiene, social-welfare, government, and private agencies have undertaken to prepare and distribute, for public and professional use, various guides, outlines, helpful hints, reports, and other publications dealing with critical aspects of the emergency. Recent additions to mental-health war literature include *Psychiatric Aspects of Civilian Morale*, a 64-page brochure, published by the Family Welfare Association of America, 122 East 22nd Street, New York City. It contains a comprehensive report of studies made by the American Psychiatric Association of psychiatric problems of the civilian population during mobilization and warfare; specifically, of the mental and emotional reactions of people under stress. Included, as a guide for civilian-defense personnel, are "training schedules" dealing with such topics as morale, anxiety, and fatigue. Single copies, 50 cents.

Practical advice to air-raid wardens on certain aspects of "mental preparedness" important for civilians before and during air raids, is offered by the New York City Committee on Mental Hygiene, 105 East 22nd Street, in *Notes for Air Raid Wardens Concerning Civilian Morale and Panic*, prepared by Dr. George S. Goldman for the Emergency Committee of Neuropsychiatric Societies as a guide in training wardens to deal with public anxiety and tension. Price, 10 cents a copy; 5 cents each for 25 or more.

Another excellent contribution is *Suggestions to O.C.D. Personnel for Talks on Morale*, by Dr. Jules H. Masserman, psychiatric adviser to the Civilian Defense Committee, published in the *Mental Health Bulletin* of the Illinois Society for Mental Hygiene, 343 So. Dearborn Street, Chicago, Illinois. Price, 10 cents, plus postage.

A pithy pamphlet along related lines is *Self-Discipline in War Time*, issued by the Massachusetts Department of Mental Health and the Massachusetts Society for Mental Hygiene, with the assistance of a group of the state's leading psychiatrists and psychologists. Copies may be obtained from the Massachusetts Society, 3 Joy Street, Boston, Massachusetts. Ask also for free copies of the society's *Mental Health Leaflets*, new series, just published.

Plans for evacuation from bombed areas, should air raids come, are being seriously considered by government and private welfare organizations in various sections of the country. A study of the problem of evacuation of children from New York City has been made by the local chapter of the American Association of Social Workers, 289 Fourth Avenue, which outlines some of the necessary protective measures in a mimeographed statement entitled *Guiding Principles and Values to Be Preserved in Evacuation Plans*. Single copies, 5 cents; 50 cents for a dozen.

A *Children's Charter in Wartime*, promulgated by the Children's Bureau Commission on Children in Wartime, sets forth in a clear and succinct formulation the essential needs for the protection of America's children against the hazards of war, in practical terms of a program of action. Every adult should arm himself with a copy of this important document. Write to United States Children's Bureau, Washington, D. C., for Publication No. 283. Ask also for *Children Bear the Promise of a Better World*, defense-of-children pamphlet series.

The National Citizens Committee of The White House Conference on Children in a Democracy has issued reprints of a timely address by Marshall Field, Chairman, on *A Guide for Wartime Planning for Children*, delivered to the Colorado "White House Conference" at Denver on March 19. Copies may be secured from the committee, 122 East 22nd Street, New York City.

Town Meeting, weekly bulletin of America's Town Meeting of the Air, publishes a verbatim report of a recent discussion broadcast on "The War and Our Nerves," participated in by Dr. Gregory Zilboorg and others. Ask for issue of March 9, 1942, Town Hall, 123 West 43rd Street, New York City. Ten cents a copy. The same issue con-

tains also Dr. Abraham Myerson's instructive article on "Morale—The Front Within," reprinted from *Survey Graphic* magazine.

To show how the democracies "can beat the Germans at their own game of psychological warfare" is the purpose of a handy booklet issued by the Columbia University Press (No. 6 of the Columbia Home Front Warbooks), entitled *Psychology—The Third Dimension of War*, by Professor Carroll C. Pratt, of Rutgers University. Twenty-three cents per copy.

Mental Hygiene—Ally of Victory is the title of the 1941-42 annual report of The National Committee for Mental Hygiene. Dr. Adolf Meyer gives us a key to the meaning of mental hygiene in the present crisis when he points out that etymologically the root *hyg*, in the Greek word "hygiene," is the same as the root *vig* in the Latin word "vigor," implying that *mental vigor* is the need of the hour. Single copies on request from the National Committee, 1790 Broadway, New York City.

Advance orders, at special reduced rates, are being received by the American Psychiatric Association, 9 Rockefeller Plaza, New York City, for *One Hundred Years of American Psychiatry*, a 500-page authoritative history of psychiatric progress in the United States and Canada, to be published in 1944, centenary year of the association, described elsewhere in this issue. List price is \$5.00. Pre-publication price is \$4.00 to association members; \$4.50 to non-members.

The Quarterly Journal of Studies on Alcohol, official organ of the Research Council on Problems of Alcohol, announces publication of a series of "Lay Supplement" pamphlets designed to instruct the public as to the facts on this subject as revealed by unbiased scientific investigation. The thoughtful layman who desires to equip himself with a dependable knowledge of the fundamentals of this perennial problem can find no better source of information as to the latest findings. Single copies, 10 cents; the entire series of 14 pamphlets for \$1.00. Send for the list to the publication office of the journal at 4 Hillhouse Avenue, New Haven, Connecticut.

A new, revised *Statistical Manual for the Use of Hospitals for Mental Diseases* (tenth edition) is now in preparation by the American Psychiatric Association and The National Committee for Mental Hygiene. The compilation is based on the Standard Classified Nomenclature of Disease, and includes suggestions for the preparation of statistical data, definitions, and explanatory notes. Advance orders may be sent to The National Committee for Mental Hygiene,

1790 Broadway, New York City. Price, 75 cents; 50 cents per copy for ten or more.

The National Tuberculosis Association announces the publication of a new set of popular pamphlets to promote early diagnosis and treatment of tuberculosis as a health weapon to conserve man power and strengthen civilian defense on the production and home fronts. These pamphlets and other educational material used in the current *Early Diagnosis Campaign* are available from local tuberculosis associations free of charge.

NEW HONORS COME TO DR. ADOLF MEYER

Dr. Adolf Meyer, President of The National Committee for Mental Hygiene and emeritus professor of psychiatry of Johns Hopkins University, was the recipient of special honors this spring in recognition of his eminent contributions to American psychiatry. Harvard University, at its Three-hundred-and-sixth Commencement on June 11, conferred on him the honorary degree of Doctor of Science; and the American Psychiatric Association, at its Ninety-eighth Annual Meeting in Boston, on May 19, awarded him the Salmon Medal "for distinguished service in psychiatry." Harvard's accolade was accompanied by the following citation, read by President Conant: "For many years the leader of psychiatrists of the United States; a pioneer in applying the techniques of medicine to the diagnosis and treatment of mental ailments."

The Salmon Medal, which was bestowed for the first time, was established in honor of the late Dr. Thomas W. Salmon, first Medical Director of The National Committee for Mental Hygiene and one-time president of the American Psychiatric Association. We quote from the address of Dr. C. Macfie Campbell, of Harvard University, who presented the medal for the association:

"The American Psychiatric Association meets in its annual session with the nation at war. When one thinks back to the time when the nation was last at war and reviews the contribution which psychiatry then made to the services and the nation in the work which was done by our branch of medicine, there was one outstanding personality—Dr. Thomas W. Salmon. He made a profound impression not only on his colleagues, but on the whole medical profession. . . . One can have no doubt as to whom Dr. Thomas Salmon himself would have awarded this medal had he been with us. In the whole of his career, in the face of his own problems, in making his plans, Dr. Salmon always turned to Dr. Adolf Meyer for assistance and always got great help. If this was the attitude of Dr. Salmon, I think we could say it is also the attitude of every member of this association. Who is there in this present audience

that does not have an attitude of admiration and respect for Dr. Adolf Meyer? Each of us in his own special structure of psychiatry has built into it as a basic contribution what he has learned from Dr. Meyer. I don't need to recapitulate the achievement of Dr. Meyer. To do so would be to write the history of American psychiatry in the twentieth century. But it was the unanimous decision of the Council that the award of this medal should be made to Dr. Meyer, so that he may have not merely the knowledge of what is in our hearts in relation to him, but that he might have something tangible and visible which he might himself, perhaps, sometimes look at, and which he could certainly show as a symbol of his efforts. I therefore have the greatest pleasure, Dr. Meyer, in awarding to you this medal for distinguished service in psychiatry."

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Compiled by

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